

Consultant's Technical Report, November 8, 1999 – February 29, 2000: Assessment of the Hospital Nursing Outpatient, Inpatient, Maternity and Operating Theatre Departments in Coast Provincial General Hospital, Kenya

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COAST PROVINCIAL GENERAL HOSPITAL

**THE NURSING OUTPATIENT, INPATIENT, MATERNITY AND
OPERATING THEATRE DEPARTMENTS ASSESSMENT**

November 8, 1999 to February 29, 2000

FINAL REPORT

SUBMITTED TO: MANAGEMENT SCIENCES FOR HEALTH

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ABBREVIATIONS

CPGH	Coast Provincial General Hospital
CPR	Cardiopulmonary Resuscitation
CSSD	Central Sterile Supply Department
ICU	Intensive Care Unit
KEN	Kenya Enrolled Nurse
KRN	Kenya Registered Nurse
MCH	Maternal Child Health Clinic
MoH	Ministry of Health
MSH	Management Sciences for Health
OPD	Outpatient Department
PARR	Post Anaesthetic Recovery Room
USAID	United States Agency for International Development

1. INTRODUCTION AND BACKGROUND

The National Health Sector Strategic Plan: 1999-2004 is the Ministry of Health (MoH) plan to improve the health care system and through these efforts the health of Kenyans. Part of this plan, to grant autonomy to facilities at the lower level, began with the Kenyatta National Hospital and Moi Referral and Teaching Hospital. Plans are underway by the Ministry of Health to provide autonomy to Coast Provincial General Hospital. Management Sciences For Health (MSH) is under contract with United States Agency for International Development (USAID) to facilitate the MoH decentralisation program whereby organisational reengineering of CPGH and the development and implementation of strategies to improve organisational performance and quality of medical services is achieved. MSH conducted a community survey in December 1998, which concluded (P.3), "that dramatic improvements are needed in the organisation's performance". Nursing was providing poor quality of nursing services. As a result of this information, an assessment of the Casualty Department was carried out from May 27,1999 to June 15,1999. Further it was determined that a Nursing Consultant should assess the nursing organisation, restructure, and implement reforms for the remainder of CPGH Nursing areas.

Lorea Ytterberg, R.N., Ph.D. conducted an assessment of Nursing in the Outpatient, Inpatient, Maternity And Operating Theatre Departments at Coast Provincial General Hospital (CPGH), Mombassa, Kenya, from November 8, 1999, to February 29, 2000. The purpose of the consultancy was to undertake an assessment of the day-to-day performance of the hospital's nursing services for efficiency and clinical nursing performance to meet both patient and staff needs, and improve patient/family satisfaction. The Operating theatres were to be evaluated for the department's strengths and weaknesses, and to make improvements in department performance in order to meet both patient and staff needs.

The assessment included developing an operational assessment tool in order to review and analyse the nursing administration and departmental management systems. As well, a checklist for evaluating the functioning of the Operating Theatres was developed.

The Nursing Department organisational operations were reviewed. This was carried out through direct observations of the functioning of the management staff and the nursing staff in meetings and on the nursing wards caring for the patients. Relevant MSH projects and CPG hospital and nursing reports of patient activity were included in the assessment. An orientation meeting was held with the National Deputy Chief Nurses to clarify issues and seek understanding of the concerns of the National Nursing Department. Nursing Meetings with Nursing Matrons and Nursing shift turnover reports were attended. Interviews with Nursing and other Hospital personnel were conducted formally and informally. The assessment guides were used to conduct the formal interviews.

The General Operating Theatres are currently being renovated. During this time the surgical functions are being conducted in two small theatres in the Casualty Ward. The Central Supply department is functioning in a nearby area. Although activities in these areas were assessed, once the renovations in the main Operating Theatres are completed, a reassessment including support service of anaesthesia and central sterile supply will be undertaken. The theatres in Maternity were assessed for the day-to-day functioning of the service.

The presentation of the report is as follows. The major concerns are categorised as Nursing organisational issues and quality assurance issues. The organisational issues consist of the design of the Nursing organisation, policies and procedures, accountability of staff, and staffing issues. The Nursing quality assurance issues include standards of care, most importantly patient care issues and infection control.

11. SUMMARY AND PRINCIPAL RECOMMENDATIONS:

CPGH is the second largest acute care hospital and referral institution in Kenya. Patients are referred from rural hospitals and clinics, as well as public and private health care facilities in Mombasa town. More than a third of the people in Mombasa visit or are admitted to the hospital. Acuity of patients ranges from minor illness and medical conditions to major multi-system failure. Many persons attend the outpatient clinics on a one-time or long-term basis. Other patients requiring a moderate or major amount of health care attention are admitted as inpatients to the hospital, through the outpatient clinics or from the casualty department. Sometimes patients are admitted in a state of extremis, as families may not bring the patients for attention until they are extremely ill.

Currently strategies are being developed and implemented for the improvement of organization performance and the quality of services provided at the institution. All systems in the hospital are in a dynamic state and changes are proceeding constantly. The Nursing Department is the main provider of direct patient care for 24 hours each day, and thus effects the care the patients receive in a critical manner. This department is also part of the dynamic enterprise with changes occurring continually. The Hospital administrative team is committed to revising operational procedures, supplementing equipment and supplies, and improving physical facilities in order to improve the ability for nurses to provide better care for the patient. They would like, if possible, to increase staffing, or implement alternative methods to augment and support the staff in providing nursing care.

It should be noted that two important factors have affected the assessment activities during this period. The first is the major ongoing changes that have been planned or are already being implemented in the organization.

- New facilities built include a kitchen, laundry, bathrooms for patients, and a Maternity building which contains an Assessment areas, labor and delivery wards, and Operating Theatre Suite.
- There is a major renovation program underway in the hospital wards and grounds. Wards 1, 3, and 5 have been closed to admissions for renovations.
- The Operating Theatres physical facilities are being upgraded, as are the equipment and surgical instruments.
- The Casualty Department is being renovated.
- New patient-care equipment and furniture are being purchased and provided for the patient wards.
- Provision of supplies has improved, as funding from the collections of cost sharing is available.
- New bed linen is being provided for the use of the patients.

All these undergoing changes, obvious from week to week, add to the improvement in providing nursing care for the patients. These activities also provide an impetus for changes to occur in the Nursing department. One example of this is the purchase of medication carts for the delivery of medications to patients on the nursing wards. These new carts will improve the delivery of medications, but a new system first had to be determined. Although the concept of the system is simple, it has required several meetings between pharmacy personnel, nursing staff and a physician to design a system that can be carried out by all concerned. As well, nursing staff orientation and trials on a unit are required. This system will provide better control and handling of drugs and dispensing of medication, and free up nursing time for patient care, all of which should improve patient care. It will increase pharmacy staff time required to service the system, so the purchase of these carts has stimulated other changes in activity. The Nursing Consultant has been involved with these implementation activities, while continuing to carry out the assessment.

The second important activity is the recent appointment of a Director of Nursing who has a fresh view of the Nursing department. This Director decided to implement some of the changes, considered essential to immediately improve the nursing care, as well as to prepare the Nursing department for better response to patient nursing needs. A plan (Appendix B) to facilitate these changes was developed by the Director of Nursing together with the Nursing Consultant.

This three-month plan for infra structural changes began the week of November 29, and will be completed the week of February 10, 2000. The plan and the decisions to be made relating to the plan were presented at a series of workshops for the senior nursing managements. These changes were integrated with the Consultant's assessment and are included in this report. They were the first step in the improvement of the systems for managing the Nursing Department. The systems of most concern for review were:

- Organizational systems
- Staffing systems including
 - establishments
 - personnel
 - policies and procedures
 - continuing education
- Supply and equipment systems
- Quality Assurance including
 - Nursing Standards of Care
 - Nursing patient care
 - Infection control in Nursing.

Several recommendations to improve these systems in the Nursing Department are presented in this report, but they all are a sum of the principal recommendations. These main recommendations are:

1. Organization changes to improve efficiency and effectiveness of the work of the Nursing Department should be implemented by the Nursing Administrators immediately.
2. Rules and Regulations for the nursing staffing and all aspects of the provision of nursing care by the Department of Nursing should be written by the senior Nursing Administrators and be available to all nursing staff.
3. Staffing numbers, in particular Kenya Registered Nurses, should be increased to the recommended establishment as soon as possible. In the meantime, all current staffing procedures be reviewed to enable the most efficient use of the nursing personnel, and to increase staff satisfaction with their work, and the system of Locums be supported by the board and implemented by the senior Nursing Administrators.
4. A planned continuing education program for all nursing staff should be implemented by Continuing Education Department as soon as possible. The most urgent presentations should include standard precautions for infection control, basic life support, nursing standards, and patient protocol development.
5. The Nursing Managers should begin to immediately plan a Quality Assurance System in nursing. Implementation of the system should start as soon as the plan allows.
6. Nursing Care Standards for all nursing areas should be developed by the Nursing Committees together with nurse representative from each unit beginning immediately.
7. All activities by each nurse in the Nursing Department should be focused on improving the nursing care that patients receive from the nursing staff.
8. The Nursing Managers should work closely with the Clinical Support Services to improve patient care, and together solve any difficulties with the services in laboratory, radiology and pharmacy.
9. The system for providing supplies should be developed by the Senior Hospital Administration so that the most necessary supplies are available for patient care and staff protection. Nursing Managers should develop a complementary system in the Nursing Department so that nursing care supplies are more efficiently maintained and utilized.
10. The Senior Hospital Administration should ensure that all facility and environment renovations should be proceeded with in a planned way, as quickly as possible.
11. The general cleanliness of the hospital needs to be upgraded. Without a clean, well-maintained environment it is difficult to motivate the nurses to improve the infection control in the hospital. To aid in infection control, Senior Hospital Administration should provide the hospital-cleaning program with sufficient resources and expertise to ensure that all areas of the hospital are kept cleaner, and infection free.
12. All patient care equipment should be included in a hospital maintenance program. Equipment still required to provide appropriate, safe care for patients should be identified and purchased as soon as possible by the Hospital.

13. Planning for disaster preparedness, both internal and external, should begin immediately by Senior Hospital Administration. Each department, especially the Nursing department, should then develop and practice their part of the Hospital Disaster plan.

III. ASSIGNMENT SCOPE OF WORK

(See Scope of Work – Appendix A)

IV. ACTIVITIES

The Strategy for gaining the information for this scope of work was obtained in several ways. A systematic procedure was followed in the assessment and interviewing of nursing staff from particular units, but as well, an informal method of participation and observation was undertaken.

1. Documents were reviewed that were relating to the APHIA Financing and Sustainability Project, The Ministry of Health, Coast Provincial General Hospital (including other consultant's reports, as well as educational documents). The information gleaned from these documents provided a basis for the questionnaire that guided the subsequent interviews with the nursing staff. This questionnaire could be used in other agencies to assess activities of patient care.
2. The most important aspect of the assessment was the full time spent in the hospital working with the Nursing Managers. This provided the opportunity to act as a consultant, but also as a member of the Nursing Managers group. The consultant was invited to attend as a full participant, any meetings or activities of the Director of Nursing or the nursing department. During this time, all activities of the nursing department were observed. This included activities such as being present during interviews and meetings of the Nursing Director with nursing staff for planning, organising, co-ordinating and disciplinary purposes. Most nursing administrative morning shift turnover reports were attended. The consultant participated through questions asked, and comments made. A few other hospital meetings were attended. Meetings with senior hospital administrator, about ongoing activities or reasons why things were done in a specific, way were frequent. The consultant's time spent in the hospital during the assessment phase was similar to that of an employee, and was of great advantage in getting to know the personnel, and in the understanding of the operation of the Nursing department as well as other departments of the hospital.
3. Direct Observations, in the company of Nursing Administrators or on her own, were carried out throughout the hospital but in particular in all patient areas, during the day shifts, the evening shifts, and a public holiday. During one evening shift, rounds on units were made with the Nursing matron covering the administrative responsibilities. All areas of the hospital were opened to the consultant and visited, as if she were a regular staff member, and at times of her choosing.
4. CPGH Senior Administrators, Physicians and Nursing administrators, registered nurses, and enrolled nurses were interviewed, using a structured interview guide. Views were freely and openly shared, although the nurses would not write down some of the comments for fear of victimisation. Discussions were held with patients and patient's caretakers about the care the patients received and about the nurse's workload.
5. Nursing Manager Study Days were planned and presented in conjunction with the Nursing Director Alice Menza. Providing samples of work to be accomplished allowed decisions to be made more quickly by the Nursing Managers. These samples also served as points of discussion, which again increased the understanding of how the Nursing Department operates. This was a further unique opportunity to learn the strengths and weaknesses in the organisation.
6. Two meetings were held with the Deputy Nursing officers of the Health Department, which provided clarity in some issues. These meetings served to provide information of the findings. The feedback received during these meetings elucidates some of the findings of the assessment phase. The provincial matron was invited to attend meetings and study days. She also participated in the group interviews for the positions of Nursing Matron and Charge Nurses.

V. ASSIGNMENT REPORT: FINDINGS AND RECOMMENDATIONS

NURSING DEPARTMENT: ALL WARDS

A. ORGANISATIONAL ISSUES

I. INTRODUCTION

The assessment of the Department of Nursing at Coast Provincial General Hospital began with examining the design and functioning of the current organisation in the Nursing Department. The organisational design was found to be ineffective for managing the nursing activities, and was not available in a written form. Rather one was referred to a design identified in a workshop in 1998, as the current organisation of the Nursing Department. This organisational design identified three levels of management staff. The level reporting to the hospital Chief Administrator consisted of the Chief Nursing Matron. The next level of delegation was the Deputy Nursing Matron. The final management level consisted of fourteen Matrons. There were not Matrons Administrators on weekends or shifts. These usually least desirable shifts were managed by the Registered Staff Nurses.

The newly appointed Director of Nursing, Alice Menza, was ready to begin the process of reorganisation as quickly as possible. She indicated that this change was needed to improve accountability of the Nursing Managers, in preparation for implementing further improvements. Although implementing a revised nursing department organisation would have been one of the first steps after the assessment was completed, because of the Nursing Directors concern, a three-month plan was developed to facilitate the Nursing Department reorganisation.

This three-month plan included the development and implementation of an organisational system. The organisational design included the line functional areas of responsibility for Nursing Managers, a committee organisation, and roles and responsibilities of staff. As well, the Nursing Department Mission Statement, Philosophy and Standards were to be written, after review of the International Code of Ethics for nurses. Nursing Managers were to be selected and appointed, and the members of the committees appointed. The committees were then to begin to carry out the activities assigned.

The specific findings of the assessment of the Nursing Department organisation are as follows.

II. DESIGN OF ORGANIZATION

Findings

The organization structure had been implemented at the hospital wide level, but the Nursing Department organization had not yet been determined. The current nursing organization was unwieldy with several matrons reporting to the Chief Matron. There was not a known, logical determination for the Nursing administrative areas of responsibility.

Matron is a commonly used term to indicate a nurse with administrative/teaching responsibilities. All nurses designated as Matron in the past were assigned an administrator or teaching position, at some level, in a Government health care organization. This meaning is no longer appropriate, as the term is a civil service designation that indicates the length of service and competence of the nursing individual. As well, there are now more Matrons than administrative or teaching positions in the Government service. It was a perception of the Director of Nursing that there were too many matrons (supervisors of areas of the nursing department), and because of this, they were not clear about their responsibilities or their accountability.

The Chief Matron had only arrived on site within the last two months. The Previous Chief Matron was said, “not even to come to work most of the time in the last years”. There was an acting Matron appointed to act in the place of the Chief Matron, but she was able to provide little leadership without being granted formal authority. Without the leadership from the top, the staff attended on a daily basis, without any activities or

direction for future goals or improvements. The Nursing Department deteriorated in the ability to provide nursing care. Nursing staff left and was not replaced. Neither patient's needs nor staff's needs were addressed and the deterioration of the department continued in every aspect.

Information networks were not in place, causing little or no communication, or miscommunication to occur. No nursing committees existed in the Nursing Department. Nor were there formal mechanisms in place for information input from any member of the nursing staff. All decisions were made from the senior administration in Nursing. Often it was said that "the rule" originated with the National Nursing office or the Provincial Matron's office, and so should be followed. No written documentation of these rules was provided, so the department was managed by oral tradition.

A lack of orderliness for many processes that were an integral part of the everyday functioning of the department caused uncertainties and confusion. Systems were lacking for patient care, personnel management, materials management and interprofessional communications and problem solving.

The Nursing Director does not have an appropriate office for such a high profile position in the hospital. The current office is not centrally located, does not afford privacy, and is not appropriately furnished. The Nurses translate this as a lack of support and respect for nurses in general.

Recommendations

Organizational changes to improve efficiency and effectiveness of the work of the Nursing Department should be implemented by the Nursing Administrators immediately. These changes should include, but not be limited to the following.

Continue the implementation of the "Three Month Plan" for reorganizing the nursing department. This includes the line and staff organization, committee organization, and appointment of Nursing Managers and Ward Charge Nurses. Committees should be initiated to facilitate the flow of decisions and communication of activities. One committee should be in tune and coordinated with others as to work being done.

The reorganization and other components of the three-month plan should be introduced to all nursing staff. As well, Nursing staff should be informed about the adoption of the International Code of Nursing Ethics, Hospital and Nursing Department mission statement, nursing philosophy, nursing standards, and job descriptions.

The nursing staff needs to have a clear explanation that a designation of Matron does not automatically identify the nurse as an administrator, but rather as a more experienced and expert nurse. This matron may or may not be an administrator. This action will aid in the Nursing Administrators being more clearly recognised as the ones responsible and accountable for their assignment.

A communication network for nursing should be developed. This could be accomplished through general Nursing Department meetings, Executive Committee meetings for the Nursing Managers and the Charge Nurses, Nursing Department committees minutes, and appropriate reports. Regular Nursing Department Meetings should be held, at a time and place convenient for most nursing staff. The Director of Nursing should utilize these meetings to provide information about changes and improvements in nursing procedures, to hear about staff concerns and to allow for question periods. The Nursing Director should attend the regular meetings of the Hospital Executive, and share appropriate information with the Nursing staff.

When problems occur in Nursing care delivery, they should be studied and resolved using the nursing problem solving process. Accurate information should be obtained about problems, in a scientific manner.

An appropriate office for the Nursing Director should be provided as soon as possible. The office should be centrally located, afford privacy, and be appropriately furnished for such a senior hospital administrator..

III. ACCOUNTABILITY

Findings

Nursing supervision and accountability for actions by the Matrons is perceived as weak. Decisions may not be made at the appropriate level in the Nursing Department, but left for a higher authority to determine.

It is thought that the Nursing Director, as well as other hospital senior administrators, that the Matrons (Nursing Managers), are often not physically available in their areas of responsibility, nor providing support for the Nursing staff. A prime example is that they do not work the weekends, but leave administrative problems to be solved by the staff nurses on duty. Not all the clinical areas have Charge Nurses, so that accountability for the daily management of the ward and patient care is haphazard.

Nursing staff is not included in planning of changes in physical facilities in the wards. Nor are Nursing Managers included in budgeting procedures, or in determining priorities for purchasing of medical/nursing supplies. They are very aware of the Cost Sharing revenue they have generated from the patient care areas, and interested in how this is returned to the areas in terms of supplies and equipment.

Recommendations

There should be a senior Nursing Administrator accountable for administrative functions, on duty in the hospital, at all time. This includes weekends and evening and nights.

Each Nursing Administrator should be held accountable for her decisions and actions, relating to the assigned units of responsibility. The Charge Nurses for each nursing ward should be appointed as soon as possible, and similarly, be responsible for activities in those wards.

Nurses should be included in hospital planning for changes in physical facilities, and changes in policies and procedures affecting patient care and in determining the annual budget. They will have a better understanding of decisions made and can be held accountable for the implementation of the decisions made.

Nursing Managers should participate in Nursing Department budgeting procedures, and in determining priorities for purchasing of medical/nursing supplies. They should be aware of and inform the nursing staff about the costs and storage of supplies, so that the most effective use of supply budgets can be implemented. Nurses should be accountable for and able to identify the usage of supplies.

Each ward should eventually have a budget specific for that ward to manage. As well, the budget for nursing continuing education should be identified and made known to the Nursing Department administrators.

The Nursing Manager responsible for supplies should not be involved in distribution of supplies when the purchasing, stores and supply departments are working correctly. This is using valuable nursing staff to augment non-nursing functions.

IV. POLICIES AND PROCEDURES

Findings

Few if any Nursing Department administrative or patient care clinical policies are written to guide the actions of nurses in the Nursing Department. There are a number of "Rules" in place, but written documentation cannot be found for these rules. An example of such a rule is "All Diabetics patients must be reported on in the morning administrative report". These "rules" concern everything from senior nursing administrative activities to direct patient care.

Since General Administrative policies are not written, (although several of the staff seem to understand or know what policies are or might be), differences in how areas are managed and decisions implemented occur. The nursing staff does not see that administrative support or equitable discipline has been in effect.

Nursing Department Standards are not written. When discussing possible standards one comment of the Matrons at the Study days when determining the Nursing Department standards was, " We used to do these things. What happened to us?"

Although there are written guidelines for ward routine activities posted on the walls in nursing wards, there are no guidelines written for daily patient clinical nursing routines. The nurses indicate that they know what to do from their training days or from the other nurses.

Recommendations

Rules and Regulations for the nursing staffing and all aspects of the provision of nursing care by the Department of Nursing should be written by the senior Nursing Administrators and be available to all nursing staff. These should include but not be limited to the following.

Nursing administrative policies and procedures, to guide the actions of nurses in the Nursing Department, should be written and available to all staff. All nursing administrators should be familiar with these policies and procedures.

Patient care protocols should be written and available for all the nursing staff. Development of these nursing patient protocols should be done by each of the nursing specialties with the guidance of the Nursing Managers.

There should be a policy and procedure to guide nurses in developing Nursing care plans for patients. Nurses should use the nursing problem solving process in determining and implementing the nursing care plans.

Clinical policies and procedures to guide the nursing care provided for patients should be written and be available for the staff. The Nursing Council of Kenya has published a procedure Manual for Nurses. The newly formed Nursing Practice Committee should review the procedures for adoption by the Nursing Department.

Often the Members of the Nursing Department are not informed about activities ongoing in the hospital. Plans for new activities in any hospital department should be communicated to all departments to prevent unplanned effects of changes. These plans should be initiated/ approved by senior administration of the hospital. Also, written plans for the ongoing changes in the hospital such as the reopening of a nursing ward, determined by the hospital administration, should be available in the Nursing Department, so that Nursing can be prepared for upgrading activities to prepare for the changed activity.

V. STAFFING ISSUES

a. Introduction

Generally the staff appear to be demoralized and uninterested in the changes that are going on. They see little relief for the improvement of patient care or their working conditions. The nursing staff does not usually have a choice of areas, or times that they would like to work, so feel that they have little control over the work situation. Even so, these same nurses often work extra time to cover the wards, and delay vacation leaves because of staff shortages. As well, the staff, during interviews expresses interest in improving the conditions and patient care. They indicate that they would be happier if they had the resources to improve patient care.

The nurses believe that the hospital senior administration does not listen to them, or respect the fact that they are educated people who do know how to give nursing care. Even when they are trying their best under adverse conditions they may not be supported by senior hospital administration.

The reason many nursing staff choose to work at Coast Provincial General hospital “at sometimes half the salary of the private hospitals is the job security they experience here”. But it is a common perception that the nursing staff works at other jobs, as well as at the CPGH.

Little in the way of staff amenities is available for the staff. There are not toilets for the staff or areas where they can take rest breaks. The nurses report that they often work a whole shift without any breaks at all, because of the workload but also because of the lack of facilities. Refreshments are not provided by the hospital even though the nurses may not be able to take regular breaks.

b. Establishment

Findings

There is not a staff establishment identified for the nursing department. Nor are there standards in use for determining nursing ward staffing establishments, although National standards are said to be available. There was not an accurate record of the current number of nursing positions within the hospital, or of the current staff employed and on site. Several persons, who were named on some staff lists, were no longer employed in the hospital. Some staff members listed had died.

The number and ratio of Registered nurses is not adequate, as often the units are staffed without the presence of even one registered nurse. There is not an identified number or ratio of registered nurses to enrolled nurses.

One of the first activities undertaken by the Director of Nursing was to determine an accurate list of staff and thus an accurate number of staff employed currently. The specific number of nursing staff employed in the hospital is now documented by name, qualifications, date of employment at CPGH, and their area of work.

Recommendations

A Nursing staff establishment for each ward should be determined utilising the National Standards for staffing. This should be reviewed on a regular basis as workloads may change.

Staff assignments to wards and schedules should be reviewed to ensure that the best possible allocation of staff is in effect. Vacation schedules should be determined based on a rational basis and patient need.

Salary scales for nurses should be reviewed, and be competitive with those of private hospitals as autonomy develops in the hospital. Salary scales for nursing involved in providing locums or occasional shifts should be competitive with other hospitals. Nursing managers assigned to manage the nursing department on evening and night shifts should be paid an additional shift differential. The Cost Sharing funds should be considered for this purpose. Since excellent nursing care will generate more funds, the investment should be made for nursing care to improve.

The Radiology department indicates that they require a nurse to work in their department, to assist with procedures. This should be arranged when nursing staff became more available.

c. Personnel Policies And Procedures

Findings

The nursing staff says they understand their nursing roles, although written job descriptions were not available. There is a blurring of responsibilities among the nursing staff categories of Registered Nurse and Enrolled Nurse.

Review of personnel and training records or a staff performance evaluation process is not in effect. There is in some areas, a verbal staff-performance appraisal system, but it is not uniformly implemented. If it is done, the appraisal is not recorded.

It was said that some staff records, in particular for vacation time owing, are kept in the personnel office. The Nursing Managers think that these records are not necessarily reliable.

Nurses who are poor performers have been transferred as a solution to their performance problems. They then continue to perform in an unacceptable manner in their new area of assignment.

The Nursing Administrators do not seem to have control over the staffing behavior. It is a belief of the nursing administrators that nursing staff cannot be easily terminated, even if there seems to be justifiable reasons for doing so. For example, when staff do not appear for their shift, they are not penalized by reductions of salary or other means, but continue to be paid for the shift not worked "if they have a good reason" for not being able to come to work.

Recommendations

Improving the quality of work life of the nurses should be a top priority of the Nursing Managers. They should constantly evaluate working conditions of the nursing staff to identify ways to improve working conditions. Breaks for refreshment and rest during each shift should be available for the nursing staff, particularly when they are most busy.

Nursing staff designated washrooms should be available, and staff rest areas should be available. Nurse should have facilities where they can change their clothes and store their personal items. Nurses should be encouraged not to wear uniforms to or from work as an infection control measure and personal safety measure.

Personnel policies should be written and available on each ward. These should include information on policies for such items as lateness, sickness, leave of absences, vacations etc. Staff benefits should be included in this information. The policies in effect should be reviewed with all the nursing staff. The Nursing Managers should ensure that all nursing staff in their areas of responsibility are aware of these personnel policies including the benefits, rules and regulations, and actions that will be implemented when policies are not followed.

Job descriptions for each category of worker should be completed and each staff member given a copy of their job description. Nursing work should be assigned according to the job descriptions. The job descriptions should clearly differentiate the functions of a registered nurse and an enrolled nurse. Patient assignments for nursing staff should consider the qualification of the nurse, and the severity of illness of the patient

Nursing staff should be offered a choice of work area. If that choice is not available, waiting lists for transfer when vacancies become available in that nursing ward should be developed.

A staff appraisal system should be identified and initiated, and each member of the nursing staff should have a written evaluation at least once a year. The nurse should have a copy of this report and one copy should be kept in the staff employee file.

Nursing staff needs to be recognised when they are performing under difficult circumstances, or when they do an especially good job. Nursing staff might be offered an opportunity, as a program, to rotate to different areas of assignment to improve knowledge, skills, interest, and motivation. This could be offered to nurses who excel on their wards, as a benefit so there should be a limited numbers of these positions available.

Counselling should be implemented for staff dissatisfied with their work or their assignments. They should not just be labelled or transferred to the "hard core" areas. Discipline should be administered and dismissal considered as an option. Disciplinary methods and processes should be standardized as much as possible throughout the Nursing Department.

As alternative measures are implemented to relieve nurses of non-nursing duties, and more time becomes available for the nurses, they should focus on and increase their activities for patient care. The Nursing Managers should guide the nurses to provide priority care, so that the “saved” time is used in a most productive way.

All hospital staff should have job descriptions available so that nursing staff are aware of others role in all areas of the hospital. The nurses should be informed of the roles of all the hospital staff.

Nurses who are poor performers should have appropriate actions taken to deal with their performance. These actions should include evaluation, counselling, and identification of expectations, with ongoing monitoring established.

To increase confidence and trust of the staff, it might be useful if a counselling/ombudsman service could be set up. Perhaps the Personnel Manager would be appropriate for setting this up.

d. Nursing Staff Numbers

Findings

There are very apparent staffing shortages since one nurse can often be responsible for 30-40 patients. The total number of nurses on staff, determined during the assessment phase, is only 317 nurses. The following table lists the number of Kenya Registered Nurses and Kenya Enrolled Nurses by the CPGH wards to which they are assigned.

NURSING STAFFING SUMMARY BY WARD

JANUARY, 2000

	WARDS	KRN	KEN	TOTAL STAFF
1	2	4	7	11
2	4	5	12	17
3	6	4	8	12
4	MCH/FP	2	7	9
5	1RW	2	14	16
6	OR	4	29	33
7	ICU	1	7	8
8	EYE WARD	1	9	10
9	CSSD		10	10
10	LGMD	19	41	60
11	7	1	11	12
12	8	2	11	13
13	9	2	16	18
14	9-A\ISC		4	4
15	CASUALTY	13	15	28
16	CONTINUE ED	4		4
17	10	4	12	16
18	POW	1	7	8
19	OPD CLINICS	4	24	27
TOTAL		73 KRN	244 KEN	317 NURSING STAFF

According to the National Nursing Standards a 500-bed hospital should have at minimum 397 nurses on staff. This number of nurses would provide for one nurse to care for six patients each shift, or 4 hours of nursing care per patient for twenty-four hours. This is not allowing for any patients who need more intensive nursing care. Intensive care and maternity labor patients, according to the standards, are to have

one nurse caring for each patient. Nor does the above number of nurses allow for nurses to be away from the hospital except for annual leave. Maternity leave, sick leave, bereavement leave or educational time has not been factored into the number of 397. All of the leaves are reasons that nurses are absent from the work force. Since these figures assume that every nurse is on duty every day, they are a low estimate.

The average number of patients at CPGH per day, for the first six months of 1999, was 613 patients per day. The daily number of patients varies according to several factors, but rarely if ever does the bed average occupancy at CPGH fall below 500 patients per day. And this is only the inpatient area. Nurses are also staffing casualty wards, the outpatient departments and the operating wards.

Not only are the numbers of nursing staff available far below what are required, but the ratio of Registered Nurses is inadequate. Often the wards are staffed without the presence of even one Registered Nurse. Four of the nursing wards only have one registered nurse assigned to their staffing complement. This means that only 5 shifts out of 21 are covered by a registered nurse on these wards. The enrolled nurses, often without support from a registered nurse provide most nursing care. Although the enrolled nurses are well trained, they are to work under the guidance of a registered nurse.

There is not an overall leave plan, or rules and regulations to determine who should take leaves at which times. Many of the staff have not taken vacation times, but are owed time from the previous year. Because of events needing their attendance, or of shortages of staff, they have been asked to delay their leave time.

There is not a system to provide for relief staffing, for times when staff is away or exceptionally busy. Floating of staff is not acceptable to most of the nursing staff, and often they will refuse to move from one area to another. One shift the ICU was staffed with three enrolled nurses, with only one patient admitted.

The hours of shifts that nurses are assigned do not equal forty hours per week. It is not clear if a lunch and tea breaks are part of an eight-hour shift. These shifts have been allocated because of the concerns of the nurses for lack of their personal safety and transportation for travelling to their residences in the late evenings.

Recommendations

The nursing staffing numbers should be increased dramatically in all areas, according to the deficits between the National Standards and the current staffing numbers. Attention particularly should be focused on increasing the number of Kenya Registered Nurses, as better coverage of the wards with registered nurses is required for patient safety.

Consider implementing the concept of “House” Nursing Managers to cover the Nursing Department on evenings and nights. This would provide more experienced support for the nursing staff as well as free more Registered nurses for direct patient care.

The Nurse Managers should review the hours of the shifts worked as well as work schedules to consider patient needs and staff satisfaction. For example split hours might be eliminated to increase staff satisfaction. Alternative schedule hours such as 10 AM to 6 PM to meet peak patient needs times should be explored. More or less twelve-hour shift schedules might be implemented.

Alternative measures should be implemented until the appropriate numbers of nursing staff can be recruited and hired.

- The nursing staff should be informed and encouraged to think of themselves as Nursing Department employees, not ward employees, and that they may be moved to work on wards that are short of nursing staff, either for a short or long period of time.
- A “float nurse pool” system should be implemented in the Nursing Department so that emergency or unusual staffing shortages can be covered.
- Consider using the Operating Room staff on evenings and nights as part of this pool, at least until volume of surgery requires twenty four-hour staffing. In this system the nurses from the operating theatres must always be available for emergencies in the theatres.

- A Locum system (part-time relief staffing) should be instituted to provide at least minimum safe staffing level for patient care.
- Locum nurses should be paid a competitive wage with other locum offers in Mombasa from cost sharing funding.

Annual leaves should be planned to start at the beginning of the year and be evenly spaced out, and planned to better provide staff for busy times. More leaves should be scheduled for the historically less busy times. All staff should be informed of dates of public holidays at the beginning of the year, and plans for these also be prepared.

Master rotations should be implemented for each area so staff is aware ahead of times of their working days and shifts. Schedules should be posted for access by all nursing staff.

Review amounts and numbers of shifts that staff work. For example staff might be able to work two shifts rather than rotating through all three.

Alternative ways of staffing such as offering staff options like steady evening, night or weekend shifts should be considered. Appropriate compensation for shift work, from cost sharing funds, should be implemented for this process.

Other alternatives could include reducing non-nursing functions with

- Clerical staff to do routine clerical functions, ordering and counting of supplies and equipment, preparing stationary for patients charts, routine communications with other departments and personnel, etc.
- Workers to provide message / transportation service of patients, supplies and equipment- ward aids to carry out activities such as ward dusting, carbolizing and making of beds, cleaning of equipment, serving meals.

Alternatives for housing availability and assignment should be reviewed, as nurses identify this as a concern for them.

e. Nursing Staff Ratios

Findings

Registered nurses should be in charge of patient care at all times, with assistance of other categories of workers to provide the nursing care. Often the wards are staffed with only enrolled nurses. An example is the ICU where there is only one registered nurse and three enrolled nurses on the staff database.

Supervision of patient care is not regularly followed up. Often too few or no registered nursing staff staffs the wards. The enrolled nurses are competent, but often are given responsibility beyond their training.

Recommendations

The Ministry of Health should be informed about the shortages of registered nurses and the numbers required according to the National Standards establishment.

Registered nurses should be employed as Locum positions.

Schedules should be arranged as much as possible so that there is always at least one registered nurse on each ward on each shift. When this is not possible, the Nursing Managers supervising the areas should pay special attention to providing support to these areas.

Registered Nurses should no longer be used to supervise the hospital on weekends and shifts. The Nursing Managers should work these shifts to provide senior administration for the hospital at all times.

All registered nurses that are classified as Matrons should perform registered nursing functions if they are not appointed to an administrative or teaching position. It should be recognised that matrons can be bedside nurses.

f. Continuing Education

Findings

There is a Continuing Education Department which serves all the hospital staff including nursing. There is a continuing education coordinator in charge of the department. Both staff members in this department are nurses.

Although there is an orientation program for nursing staff, this does not appear to be well planned. There is not a schedule available. As well, the new staff are left for the nurses on the ward to teach them what they consider is important. There is not a regular ongoing continuing education program. For example nursing staff do not have regular reviews of cardiopulmonary resuscitation measures. A CPR review was planned – but the Drs who were to present cancelled it at the last minute. When most nurses were interviewed they asked for more continuing education to keep up to date and learn about the new ways of providing medical and nursing care. They saw this as a benefit not now being provided.

It is thought that nursing doesn't take advantage of the department and in fact is discouraged by the matrons from attending sessions that have been presented. One reason given for this, is the shortage of staff. It is also thought the Matrons do not support this program, as they do not want the nurses changing current practices, without their input. (Should this happen it would make their jobs considerably more difficult to obtain staff or supplies.)

This department have materials and funding access for continuing education purposes. They co-ordinate out-of-hospital educational sessions, making any arrangements which may be required. They also have access to the British Council for several tapes dealing with management and other topics of concern.

Recommendations

A planned continuing education program for all nursing staff should be implemented by Continuing Education Department as soon as possible. Continuing education should be an ongoing planned activity required for and of all nursing staff. The education programs should include orientation, updating of information, and providing new information for the nursing staff and be available for nursing staff on all shifts. Ways to facilitate this such as video recordings of sessions should be investigated. Further, possible avenues for continuing education should be explored including involving community representatives, board members, patients, former patients and patient families.

New nursing staff should have a planned comprehensive orientation to the hospital and the ward and Nursing students should have a ward orientation for each of their rotations.

The most urgent programs that are being requested by the nurses are Infection control (standard Precautions) and Basic life support. The most urgent presentations should include standard precautions for infection control, basic life support, nursing standards, and patient protocol development. These should be arranged for presentation as soon as possible and a review be required as a yearly requirement by all hospital nursing staff.

Continuing education sessions should be provided for all nursing staff about the updated patient documentation system.

All Nursing Managers should be expected to be major participants in initiating, presenting, supporting, and monitoring effects of continuing education programs. And all nurses should be informed of the expectations about participating in continuing education once the standard is established.

A program of "Current Nursing Management" for the appointed nursing managers should be provided. This should serve as a review of management policies and procedures, but also serve as a training of

trainers for the Nursing Managers. The nursing managers serve as instructors to provide a continuing education course of Nursing Management for the appointed Charge Nurses.

Programs should be evaluated in the short term for presentation, content and value, and in the long term for effectiveness in improving patient care, by the Continuing Education staff.

Records should be kept for all staff who attends presentation and be a component of the annual written appraisal. The National requirement is that all registered nurses attend at least twenty hours of continuing education and the hospital should be able to provide this documentation for the nursing staff.

Persons attending out-of-hospital courses should be chosen for these courses because of their ability and interest, and as the topic pertains to their assigned area of work. They should be required to share the information gained through a formal presentation on their return or on-job-training.

Nursing should have a resource room/library, where they can read or research nursing care interests, or hold short continuing education sessions. Appropriate materials should be available so that the nursing staff can continue to update their knowledge.

B. QUALITY ASSURANCE

I. INTRODUCTION

Findings

There is not a Nursing Quality Assurance or Improvement program. Nor are there currently any programs for measuring or monitoring the care provided in the hospital. There are not hospital wide programs for assessing the effectiveness of interventions in providing patient care by any discipline.

Recommendations

A hospital wide Quality Assurance Committee should be set up by senior administration to begin to review the positive, as well as negative outcomes of the changes in the hospital, so that appropriate actions can be taken. A nursing s representative should become a member of the hospital wide Quality Assurance Committee.

The Nursing Managers should begin to immediately plan a Quality Assurance System in nursing. Implementation of the system should start as soon as the plan allows. The Nursing Quality Assurance committee should be an integral part of the hospital quality assurance program.

The Nursing quality assurance system should be designed to monitor and evaluate the nursing care provided for the patients. All nurses should be aware of the goals of nursing quality assurance programs, and how they will be measured. When results identify problems, immediate actions should be taken to rectify the problems.

Nursing Quality Assurance achievements should be identified and made known so that all are aware of improvements for patient care, and encouraged to work for further improvements. Recognition should be given for high quality scores and large improvements in scores should be rewarded with textbooks, certificates, special recognition teas, etc. All results of evaluating activities should be advertised among the staff, and rewards provided or corrections for weaknesses undertaken.

All Objectives for action should be written in measurable terms. All results of monitoring activities should be provided in written reports for the Hospital Quality assurance program.

Hospital wide programs be planned, initiated and advertised by the Hospital Administrator to encourage staff performance improvements, and staff working as a hospital team. The newsletter should be used as a means of communicating positive changes going on. There could be a specific column dedicated to this purpose.

II. STANDARDS OF CARE

Findings

Nursing does not have any written standards by which to measure their achievements in providing nursing care. Nor is there is a program to consistently evaluate the provision of patient care, or infection control, or such things as fire safety. Several nurses did say that they knew what the standards for care were on the wards, even though they were not available in writing.

In all the nursing areas there were only two wards who had 1990 policy and procedure books from the National Council of Nursing. These were provided to the wards from the nursing office when the New Director of Nursing Menza, arrived. All other areas indicated that they did not have written procedures, but learned either from other nurses, or remembered what they had been taught in training schools.

Objectives for action are not written. Only once was a protocol mentioned, and this was Ward 10's protocol for admission of all patients. Incident reports, which are documentation of any unexpected events, are not an expected activity for nurses to complete. They are supposed to report any accident or error to the

nursing manager and fill out a report, but most had never done so. Therefore, accountability for accidents or errors is not strong.

There is not a hospital disaster plan, although it was said that there was. If there is such a plan, none of the Nursing Managers are aware of the plan.

Recommendations

A system of determining standards for and evaluating the quality of nursing provided should be created.

Beginning immediately

- Guidelines for writing standards should be identified. All nursing standards written should follow these specified guidelines.
- Areas in Nursing requiring standards should be identified.
- Nursing Care Standards for all nursing areas should be developed by the nursing committees together with nurse representatives from each unit.
- The Nursing Managers should organize the introduction of nursing standards for all areas of nursing, and these should be in place within a designated period of time.
- Nursing staff should use the standards of nursing care of patients as a daily guide for their work
- A system for monitoring the standards should be part of the quality assurance system in Nursing.

Nursing managers should follow nursing standards relating to budgeting for nursing. All budgeting standards in Nursing should be coordinated with other standards in the department, and be in line with Hospital wide standards.

Protocols for patient care – speciality by speciality – should be developed as part of continuing education activities.

All patients should have a patient care plan that follows the medical and nursing protocols for their health disorder. Patient care planning should include families, or care takers as well as patients.

Nursing representatives should have regular meetings with pharmacy staff to improve medication therapy for patients, and improve nursing administration of medications. As well, Nursing staff should meet with the Radiology staff on a regular basis to provide better diagnostic services for the patients. There should also be more communication between laboratory staff and nursing staff, and regular meetings should be convened to find ways to improve patient services for laboratory work.

III. PATIENT CARE

a. Introduction

Findings

Very little nursing care is provided for the patients, because of the workload and shortages of staff. The nurses spend most of their time doing the required written work, dispensing the medications ordered for the patients, or doing dressings. When asked what they do for patient care, sometimes the nurses say "they do what they can" or "they are too busy to do some procedures". But they may have not been able to properly set priorities. They seem to have little help or guidance in setting priorities from the Nursing Administrators. As a result they do the activities ordered by the medical staff, or required as administrative nursing functions.

Various reasons are given for patient's care not being provided by the nurses. It may be because they have little time, or supplies, or medications to help the patients with. One nurse said " We started taking shortcuts because of shortages of staff, but then we took shortcuts on the short cuts. We need to get back to what nursing care should be."

Recommendations

All activities by each nurse in the Nursing Department should be focused on improving the nursing care that patients receive from the nursing staff. These activities should include but not be limited to the following.

The Nursing Managers should work closely with the Clinical Support Services to improve patient care, and together solve any difficulties with the services in laboratory, radiology and pharmacy.

The Hospital Administration might plan and promote a "Patients a Priority" campaign, to provide leadership, for the all hospital staff to improve their approach and attitude to patients. As well, all staff should focus on trying to reduce the length of stay for patients, to reduce costs to the patient or the hospital where fees are waived. Hospital system problems should not extend patient stays.

b. Provision Of Nursing Care

Findings

Patient care is often not the priority as other duties "need to be done". Nurses spend much of the work time running to other areas with lab specimens or for reports, going for supplies, counting drugs and supplies, or furniture, repeatedly writing out patient's names for reports, or cleaning. If they run out of oxygen, as an example, they must borrow oxygen from some other ward, and may have to check several areas before they find a tank they can use.

Nurses assign patients bed-locations in the wards, usually placing the most ill nearest the nursing station. This is to attempt to provide priority of care monitored for the most ill patients on the unit, and so that these patients can be more easily. But basic nursing assessments are often not done, or not done frequently enough. Nor do nurses provide the patient's personal care, but patients or the patient's family member usually must do this. Nursing care planning is not done and as a result nursing measures for pain control, comfort, or physical mobility are not carried out. Charting is minimal if done at all. Very little patient teaching is done.

Physician Consultants are not always available, or come when they are to be on call and are called. They can cause delays of hours and days in providing the appropriate treatment for the patients. In response to this problem, the nurses think that little support is provided if they complain about lack of physician's response to their requests for patient assessment. An example is as follows. Within a period of five days, two patients who should have been seen by surgeons because of possible bleeding spleens, did not receive medical attention. This was because the consultant, on call, was not available to see the patients.

Blood transfusions for life threatening conditions are often not available, as blood is in short supply. Patients who might have survived if they had received blood, without the transfusion, then die.

Nutritional needs for the patients need to be attended to. Some time there is a shortage of food or the food is not appropriate for sick persons with a poor appetite. Often the families bring food for the patients. Fluids are not available for patient who should be forcing fluids for health purposes. Refreshments such as tea are not available for mothers in labor, who often go hours without any fluid intake. Further, there are not dishes and cutlery on most of the wards.

There is no privacy at any level for the patients. The wards are crowded with no separations available for the most private functions. Sometimes two patients are forced to share a bed because of the number of patients.

Patient teaching programs are non existent in writing, although some of the nurses said they may teach a patient how to give their own insulin or other care as part of patient treatment health teaching. If teaching is going on, it is sporadic, haphazard and not well planned. This differs with the Counselors, and with some of the nurses in the organized outpatient programs.

Nursing staff are sometimes impolite to patients or families, or they ignore them. Patients do not complain in case they are “victimized” by the nursing staff. Rather they or their caretakers do what they can by themselves.

Charting documentation of patient progress and nursing care provided is minimal. The proper forms for charting in a concise and useful manner are not in place. The nurses chart on a form called the kardex, but they do not know what this term means or where it came from.

Between-shift reports are often long, and may not identify the patient’s most important needs or treatments. Thus already short nursing time is wasted, and valuable information for patient care is not passed from shift to shift. If the information is shared, it is so diluted with other information that it may lose the importance to the care of the patient.

Nurses think that frequently Patients or families are asked to buy supplies or Drugs required. The nurses said that sometimes patients have extra length-of-stay because of waiting for medications to be provided. Further, these drugs are more expensive when bought in the pharmacies than they could be if bought and charged for by the hospital.

Nursing had other concerns about pharmacy services for patient care. These included:

- Nursing takes time away from patient care to collect the medications from pharmacy.
- Not enough of the disinfectant JIK is provided for the nursing wards by the pharmacy. Wards are only allowed the amount of Jik that the pharmacy thinks they need. This amount is usually far less than what the nurses ordered. This is in spite of Jik being the disinfectant used for everything from soaking bedclothes to washing the floors on the nursing wards.
- The nurses have to borrow stat or newly ordered drugs from other wards, or the patients go without after regular pharmacy hours.

Nursing had four complaints about laboratory services for patients. These were:

- There were not enough specimen bottles available.
- Blood was often not available for transfusions.
- Laboratory or medical staff does not take blood specimens, and often nursing is left to obtain the specimen from the patient. Nurses did not think this was a nursing function.
- Some areas complained that lab reports for specimens were sometimes lost, and when questioned, the lab indicated that no specimen was received. Nurses had often delivered these specimens themselves.

Nursing had few complaints about radiology services for patients. These were:

- That the radiology department was not working and patients were sent to other hospitals for diagnostic work.
- Sometimes the radiology department was out of film and x-rays couldn’t be taken.
- Sometimes the patients couldn’t be arranged to go for x-rays when the radiology department wanted them.
- Patients often had to wait for scans, although they were critical for patient diagnosis.

Recommendations

More communication aimed at improving patient care, rather than blaming each other, might be useful between all departments staff members. People should realise that all departments are doing the best that they can, within limited resources, in a difficult time of change and innovation. Senior Nursing Managers should meet on a regular basis with members of other professional services, including laboratory, pharmacy, and x-ray to determine ways to improve the shared service for patients, and solve problems in providing services between the departments

Medical staff and Nursing staff should plan patient care objectives together. Rules and regulations for medical assessments and attention for patients should be reviewed and enforced. Medical communications

about patients should be from medical to medical personal, and not left for nurses to contact the appropriate person.

Patients, who are waiting for surgery, should be done as emergent patients if they cannot be done on the scheduled day for that specialty. If this booked time is not available for any reason, the patients should be discharged and admitted when surgery can be done.

The wards should not be left without a medical contact for patient needs if the clinical or medical officer leaves the ward. Alternative sources of Medical help should be identified for the nursing staff to call. As well, there should be a back-up system when consultants on call can not be contacted, so that the patients do not have to suffer because of the hospital system failure.

There should be a system set up for reporting nursing concerns about medical practices that relate to patient care. Nurses should know actions that should, and can be taken when Consultants, Medical Officers or Clinical Officers do not respond to booked times or emergency patient calls.

A system of reporting should also be set up to monitor patients whose length of stay is extended because of system problems such as drugs not available, Dr. not available, surgeries delayed and so on.

There should only be one patient in each bed or bed space, whether the patient is an adult, child or baby. Beds should be far enough apart so that basic care can be provided for patients, and infection controls can be enforced.

Patients should be properly identified by some item worn by the patient, on admission to hospital, such as a name bracelet. All patients and families should be treated politely, with respect and good manners.

Methods of assignment of patients for nursing care should be introduced, as the staffing improves, that are most effective for patient care. Primary nursing or case method nursing should be utilised wherever possible.

Nurses should monitor, and supervise or provide for patient's personal care needs. They should encourage patient's mobility, as soon as it is medically acceptable, to increase circulation, and improve general functioning so decreasing the patient's length of stay.

Patient's needs for pain relief should be carefully assessed by the nursing staff, and provisions made to alleviate the patient's discomfort whenever possible. For example on ward nine, women undergoing extraction procedures should have pain control measures instituted.

Nursing staff should be assisted by Nursing Managers to set priorities for the nursing care they are able to provide when they are understaffed. They should be supported in performing only essential activities, rather than following the shift routines, so that the "too busy to do" phrases are eliminated. As well, the Nursing Managers should frequently monitor the patient care provided by the nursing staff. Nursing patient audits should be implemented to assist in this process.

To facilitate sufficient supplies and equipment for emergency care, a transportable emergency cart, and staff team should be planned. Each ward should have emergency equipment, which includes at least one emergency tank of oxygen. When this tank is in use, another oxygen tank should be brought to the ward for emergencies. Other emergency equipment should be an airway and an ambu bag. Emergency drugs, as identified by the Chief of Medicine, should be readily available.

The nutritional care provided for patients should be reviewed. Special diets should be emphasized including a diet of forced fluids. Presentation and amount, as well as types of food should be considered.

Blood shortages are critical, but the laboratory indicates that blood is not available in the country, so the problem will not be easily solved by outside sources. Nurses should explain the need for transfusions from

the family members of the patients, and encourage blood donations whenever they can. Alternatives should be examined, and protocols written for alternative actions which might be undertaken.

Each ward has been allocated a time for routine diagnostic X-ray s to be done. Discussions should be undertaken to ensure that this system will suit all areas, and if it doesn't alternatives should be sought.

The continuing education unit, with the involvement of the nursing committees should develop patient teaching programs and materials. Cross department presentations should be encouraged so that patient care knowledge can be shared, and better working relationships be facilitated. Improving patient care should be a focus for all staff efforts.

Any possible teaching written materials, posters or other audio visual aids should be obtained and made available for the patients. Patient teaching programs available should be advertised, and made available for the nursing staff. Teaching programs for patients, and where appropriate families, including drug information, should be incorporated as a regular part of every patient nursing protocol.

Shift turnover reports should be reviewed for effectiveness and efficiency in providing appropriate, efficient information at all levels of the Nursing department.

The documentation system of nursing interventions for patients should be reviewed and upgraded. The documentation should provide a better record of the patient's condition and hospital admission experiences. The review should include standards set for information written about patients, forms used and area for storage of patient's charts.

The process of discharging patients should be reviewed and streamlined. Discharge planning should begin at the time of the patient's admission. Possible discharges should be identified the previous day so appropriate arrangements can be made. Patient's staying in hospital "extra days" because they can not pay their bills should be identified immediately. An efficient, effective protocol to deal with these patient problems should be implemented by the Chief Administration. The usual times for discharge should be set in each nursing ward depending on:

- Times of rounds for final medical review before discharge.
- Cashier availability and nursing time availability for performing final procedure.
- The new patient admission times.
- Facilitating the cleaning of the bed unit.
- Availability of families to pick up the patients.

Regular Nursing patient rounds should be made by the Director of Nursing accompanied by the pertinent Nursing Manager staff. During these rounds patient concerns, problems or accolades should be elicited.

The Nursing Managers should continue with the program they have started to document all types and amounts of supplies used for each ward, and develop a reorder point for these supplies. This system should identify the majority of the types and amounts of supplies required so that yearly budgets can be assigned to the wards for monitoring at the usage point. This would also allow other departments of the hospital better information to plan for buying larger bulk purchases at better prices, and facilitate a more realistic idea of yearly budget requirements in the hospitals.

The plans to implement the drug carts on all the wards should continue, even if compromises need to be adopted initially. The excess amount of drugs now stored on the wards should be put into circulation. The effect of patient medication availability, with the new cart system of distribution, should be monitored.

A system of monitoring the number of times patients or families are asked to buy supplies or drugs, required as part of patient treatment, should be implemented. As well, patients are routinely being asked to purchase sterile gloves, for which they have to pay more than hospital costs of the same items. A method should be determined for supplies or drugs (that patient's families are now sent to buy when they are out of stock in the hospital), to be provided by the concerned hospital department, rather than the patient. (For example a rotating fund for "drugs out of stock" might be set up in pharmacy and the pharmacist purchase

the medications, rather than requiring the patient to provide his own pharmacy supplies.) The hospital should consider the extra costs for this, as an amount they might add to the patient's bill. But then the hospital would purchase and provide the drugs or supplies. If a hundred pairs of these gloves are used in an outpatient's clinic per day, this might bring in to the hospital a substantial amount of money over a year's period. (If the costs of these items are already considered in the amount charged patients, then the hospital should provide these.)

The number of times shortages of specimen containers occur should be reviewed. Nurses need to identify average numbers of specimen bottles needed and be accountable for any shortages, either because they have not ordered sufficient numbers or they have gone missing.

More oxygen flow meters should be purchased so that each patient requiring one should have access to it. Broken flow meters should be fixed and all should be regularly maintained. Emergency flow meters should be kept in stock, as they seem difficult to purchase when needed. Disposable oxygen masks and nasal prongs should be available for one-patient use with oxygen.

Priority supplies such as perineal pads for gynecological and maternity patients should be identified so that the most needed or used supplies are always available. The Nursing Manager responsible for resources should work with the other concerned departments to facilitate this system.

III. INFECTION CONTROL

a. Introduction

Infection control for the patients or the staff is not practiced. Several workshops have been held or attended by nursing staff, but the information has not been sustained in practice. The nurses know they should protect themselves and the patients from cross infection, but do not rigorously carry out procedures to do so. One nurse said, "They try to be careful". Sometimes they lack supplies to carry out infection control.

To aid in infection control, Senior Hospital Administration should provide the hospital-cleaning program with sufficient resources and expertise to ensure that all areas of the hospital are kept cleaner, and infection free.

b. Facilities

Findings

Physical facilities in the patient wards are in need of repair or maintenance. Most of the patient care areas are in a significant state of deterioration. The Chief administrator, Nursing Director, Chief of Obstetrics and Nursing consultant toured the remaining areas of the medical-surgical wing of the hospital to review renovations and suggest others, for the next phase of renovations.

Water is sometimes not available for the patients to drink or wash unless they go out of the ward and to the bathrooms. One nurse gave the example of a tap that leaked, and the people came to fix it, weren't successful, and so just turned off the water. This left half of the ward without water in an already strained situation.

The plan for most Nursing care wards is one large open room with side rooms available for sluice room, kitchen, dressing preparation and occasionally office for the matrons. The only possibility of separation of patients, who are infectious, is to place the patients on the open balconies.

The patient care areas are greatly overcrowded. The practice has been to have two patients in one bed when the wards are busy. Beds are crowded into the wards and on the balconies.

Furniture is not available for the patients to sit at the bedside or store their personal belongings. Further, although there is now painted, cleaned waiting rooms on most areas, they lack any furniture for patients or

relatives to sit or relax. Therefore most patients are lying on their beds or in the hallways, or sitting on the floor in the hallways.

Recommendations

The Senior Hospital Administration should ensure that all facility and environment renovations should be proceeded with in a planned way, as quickly as possible. Renovations are planned and are underway, with wards 1, 2, and 5 currently empty and under renovation. The renovations should continue as quickly as possible and with as little disruption as possible. (If one ward could be done at a time, it might facilitate more order and less crowding on the wards that remain in operation.)

A written plan with time frames for these renovations for nursing staff would be useful for functional planning purposes.

Before moves in to the newly renovated areas, all furniture and equipment should be repaired, painted and cleaned; so that only clean working items are transported to the renovated areas.

The general cleanliness of the hospital needs to be upgraded. Without a clean, well-maintained environment it is difficult to motivate the nurses to improve the infection control in the hospital. To aid in infection control, Senior Hospital Administration should provide the hospital-cleaning program with sufficient resources and expertise to ensure that all areas of the hospital are kept cleaner, and infection free. A thorough cleaning of all areas of the hospital should be undertaken, including windows, walls, doors, floors and hallways. Although cleaning is done in most areas daily, this has not been sufficient or effective in providing a very clean hospital.

Maintenance program should be an integral part of responsibilities of Senior Hospital Administration so that facilities are kept up to standard after renovations. The Hospital board should develop ways and means to repair or replace the leaking roof in the medical surgical wing as soon as possible.

Furniture for the patients to sit at the bedside and to store their personal belonging should be provided. To encourage patient mobility, some form of seating should be available in the hallways without blocking the routes of travel. Furniture should also be provided in the waiting rooms.

Routine cleaning of equipment/furniture should be done on a regular planned basis on each ward. Painting of rusting equipment /furniture should be done so they can be better cleaned. As well, routines for cleaning of floors, emptying of garbage should be supervised by the persons responsible for these personnel, while nurses should accept responsibility for guiding cleaners, or identifying areas that need cleaning. Nursing should be involved in directing the cleaning staff about cleaning that needs to be done.

Garbage containers should be placed in obvious places in the corridors. These should be labelled and emptied often.

c. Equipment And Supplies

Findings

Supplies availability has improved during this assessment phase, as system of purchasing, storing and delivery are improved and implemented, as funds from cost sharing are available. Nurses still identify shortages as a problem, but also state that supplies are much better now. There are still some supplies missing completely at times.

Some supplies are often not available for basic care. Even to protect themselves or other patients from infections is often not possible, because of supplies lacking. For example, sheets were not available for the beds, although the supply has increased now.

Patients or their families are often sent to buy the most basic of supplies, such as sanitary pads for maternity and gynecological patients, and drugs that the hospital may be out of, or are not stocked by the hospital.

Often the "disappearance" and thus increasing costs of supplies were blamed on the nursing staff. This has not been proven, so measures need to be taken to either prove this accusation or identify the real problems

New patient care equipment has been delivered in the last few weeks, but some areas are still missing basic equipment. This may be because of improper ordering by nursing staff or lack of sufficient funds.

Equipment basic to nursing care, such as sphygmomanometers, stethoscopes, thermometers, Oxygen flow meters, or tanks of oxygen are either minimal, lacking or non-functioning. Often Oxygen is not readily available, and if the tanks are available, there is a shortage of flow meters. Emergency equipment such as airways, (protective measures for airway resuscitation,) ambu bags, suction for cardiopulmonary resuscitation, or the emergency drugs are not available on the wards.

Sometimes the equipment works, but has not been kept clean. The base and wheels of equipment in particular often look neglected and unclean or rusted. Some new equipment is currently being distributed on the nursing wards.

Telephones are often not working or are missing from wards. This takes a great deal of nursing time to carry messages, or look for persons, especially since there is not currently a porter service.

Recommendations

The system for providing supplies should be developed by the Senior Hospital Administration so that the most necessary supplies are available for patient care and staff protection. Nursing Managers should develop a complementary system in the Nursing Department so that nursing care supplies are more efficiently maintained and utilized.

Supply utilization systems should be planned and implemented, and this is now underway. Priority should be given to this work. Accurate numbers of supplies needed and usage should be determined. It is important to identify essential supplies for infection control, and to ensure that these are available. An example of basics like soap for cleaning the physical facilities is a basic requirement, which should always be available. Dishes and cutlery should be provided for improving nutritional care and infection prevention.

Nurses must be encouraged to only order what is needed and move away from a "Hoarding in case of Need" mentality that is frequent on many of the nursing wards.

Inventories should be maintained of all equipment on each nursing ward. Equipment should be constantly evaluated for safety and correct functioning.

Thermometer use should be reviewed, with the intent to increase the numbers of thermometers (so that proper disinfecting can occur between taking temperatures), or providing one for each patient while admitted. Tape on Thermometers for holding them should be removed.

All equipment should be properly cleaned on at least a daily or on a patient-use basis. This includes all parts of the equipment such as the bottom of the beds, and the bases of equipment that are on the floor, including the wheels. A system for maintenance of equipment should be set up for all this new equipment based on the manufacturer's recommendation, as well as "Infection Control Standard precautions". This should be a coordinated effort between the Nursing Managers, the Ward Charge Nurses and the Maintenance Department.

When new equipment currently being distributed is completed, the Nursing Manager in charge of each unit should identify equipment still required, and a priority list be developed from the nursing department for the next round of purchases. Any emergency needs should be submitted immediately.

All patient care equipment should be included in a hospital maintenance program. Equipment still required for appropriate, safe care for patients should be identified and purchased as soon as possible by the Hospital.

Proper supplies and equipment must be available for cleaning of the hospital. This includes soap, disinfectant, mops, brooms, and floor washing machines for large areas such as the operating theatres and corridors.

d. Practices

Findings

Nurses attempt to group or isolate patients according to diagnosis. An example is patients with pulmonary tuberculosis are often placed on the balconies.

Nurses are doing ward dusting in the mornings, and this is often not done or done poorly, because of pressure of other responsibilities. Furniture is not cleaned between patients or on a regular routine, although some of the nursing staff says they have done so.

The patient care areas are not kept cleaned on a regular basis, or cleaned well. The nurses are not responsible for the cleaning subordinate staff, but are expected to supervise their work. The nurses don't usually guide the cleaners in the areas that need cleaning on the patient areas. When the subordinates don't show up for work, particularly on the weekends, the nurses do not know what actions to take, so the ward goes without cleaning. There is no supervision except for the nurses at most times.

Even if the cleaners are present at work, their equipment is inadequate for cleaning the large areas they are assigned. Often the floors are only washed with water with dirty, small mops. One nurse brought soap from home, because there wasn't any in the hospital for the cleaners to use to wash the floor.

The garbage is not always collected, particularly on weekends. When it is collected, the subordinates do not handle it in a safe manner for themselves or others. When it is transported, it is not moved in closed containers. Garbage often falls off the carts used to transport the garbage, and it may not be picked up.

Recommendations

The concept of "Standard Precautions" should be implemented. All staff should be taught the procedures, and monitored in how they carry out the procedures.

Isolation of patients who are infectious should be considered. This is particularly important for those patients with tuberculosis, since it is an airborne infection and the incidence of drug-resistant tuberculosis is increasing at an alarming rate in the world.

Infection control techniques should be reviewed and strongly enforced for all patients and by all staff. This should begin with basic washing of hands and cleaning of the environment, and be continued to isolation or separation of contagious patients, and decontamination of patient care items.

There should be a major promotion for encouraging all staff who have any patient contact, to frequently wash their hands, particularly between patients. The facilities for staff to do so should be provided in convenient places.

Another part of the infection control program should be the monitoring of patients with infections for numbers and types of infections. But all patients should be treated as if they have infections. Response to medication treatment of infections should be monitored.

Doors to the wards should be put into place in the medical-surgical wing in future renovations. Patient traffic flow should be studied, and where possible minimized to reduce the area cleaning required thus reducing the spreading of infection.

Nursing should plan for areas of the wards that need to be cleaned on a daily or weekly basis. Plans should be developed so that heavy cleaning is done on a regular basis in all areas including the bathrooms. This includes walls washed, windows cleaned, floors brush scrubbed. Any nursing staff should direct the cleaning of the patient units as need be.

Patient beds and bedside units, if present, should be cleaned after every discharge. If every ward had an extra bed, it could be used for admissions while dirty bed-units are being cleaned. Alternatively a “discharge cleaning team” could be organized to cover all discharge cleaning in the hospital. They would rotate from ward to ward as patients are discharged.

Review of hazardous materials disposal, and security should be undertaken. Each Nursing Manager and Charge Nurse should be responsible for safe and careful handling and disposal of garbage from the wards. This should include ensuring careful sorting, handling, and transportation by all hospital staff. A system of garbage disposal to reduce infection spread should be reviewed, implemented and maintained. This should include separations of contaminated, non-contaminated and sharps materials. Hospital waste materials should be incinerated for infection control in the community.

Charts should not be left on the patient’s beds. There should be some method of maintained charts at the nursing area. There should be a way for the charts to be brought to the patient’s bedside for medical rounds.

The procedure for linen handling should be reviewed. The linen should be collected in closed bag and transported to the laundry department in a closed cart. Linen should not be soaked, or rinsed on the nursing units. Operating theatre linen should be processed separately from general ward linen. This is to reduce lint on the operating theatre linen.

IV. SAFETY

Findings

Safety measures are not promoted throughout the hospital. Safety procedures for patients, staff, the environment or fire safety are not available.

The staff do not have reviews about performing basic life support. They either do not perform resuscitation procedures, or do not do it correctly. Although all units had “emergency trays”, the equipment required such as airways, intubation equipment, ambu bags or respiratory breathing equipment were not available or not working properly. Drugs were not appropriate for emergency care purposes, or were simply not present. The nursing staff is usually not successful in resuscitating patients. Telephones were either not present or not working in many areas so that emergency assistance could not be summoned quickly. If there were only one staff member on the unit, she would not be able to summon any help.

Patients are transported on stretchers without safety straps. Unconscious patients are in beds without side rails. Unconscious patients are not monitored as competently as they should be. The Intensive Care Ward admission policies and medical coverage should be reviewed.

Some electrical equipment is not cleaned properly or maintained in a safe working condition. There is not a routine maintenance program for the electrical equipment.

There is not a fire action plan. There were no signs or written rules for fire or electricity safety. For example “No smoking: Oxygen in Use signs were not seen anywhere. Although there are fire extinguishers in various areas of the hospitals, the nursing staff had to look for them, and they did not know how to work them. There was no indication of when they had been checked for correct working order.

Smoking regulations are not written or posted. Most of the nurses state that they do not allow smoking in the nursing wards. There are not ashtrays available in the hallways.

Recommendations

Planning for Disaster Preparedness, both internal and external, should begin immediately by Senior Hospital Administration. Each department, especially the Nursing department, should then develop and practice their part of the Hospital plan.

All emergency equipment and medications should be upgraded, available and maintained on each nursing area. Frequent practises of cardiac resuscitation should be held for the medical and nursing staff. All hospital staff should be certified in basic life support procedures at least yearly. A hospital cardiac resuscitation team might be considered as a future development to improve the CPR procedure for patients.

Disaster Response plans should be determined, publicized among all staff. Disaster plans should be tested in frequent practice for both external and internal disasters. Disaster and fire practices should be evaluated for strengths and weakness. Correction actions should be implemented. Disaster supplies should be identified, stored, and maintained in a readily available place.

Fire safety should be identified and fire procedures practiced. Smoking regulations should be written and posted. Fire safety practices should be held and all staff should be aware what actions to take in case of fire. All Nursing staff should be aware of fire extinguisher locations and when and how to use them.

Incident or Accident reporting should be instituted as a protective measure for patients and to reinforce the ideas of accountability for nurses and importance of patient rights.

NURSING DEPARTMENT: INDIVIDUAL NURSING AREAS

The general findings and recommendations apply to all areas, but in addition the following nursing areas have specific concerns for which recommendations are presented.

OUTPATIENT DEPARTMENT

A. ORGANIZATIONAL ISSUES

I. DESIGN OF ORGANIZATION

Findings

Patients have difficulty finding the areas where they are to attend the clinics. They often wander around looking confused or have to stop and ask several people where they will find the clinic they are to attend.

Nurses are acting as receptionist, delivery service, or cleaning the department most of the time, and performing very few nursing functions. Although there are clerks in the waiting areas for the clinics, they may often be out of the department running errands, since the phone system is not working as the phones have been stolen.

Recommendations

An information area should be established to direct patients to clinic areas. This should be near the entrance to the clinics. As well, directional signs should be implemented so patients can find their way to the appropriate clinic more easily.

Nurses should be performing nursing functions or be removed from the clinic areas, if the only duties are receptionist. The types of duties they should perform are assessments, and nursing history taking. They should also provide teaching for the patients about medications, healthy living, and self care for their conditions.

II. POLICIES AND PROCEDURES

Findings

Patients begin to come early in the AM, some after having travelled from far away places for many hours. There does not seem to be a system in place to treat those who arrive first before those who arrive later. People seem to line up, and in this line, first come first served. It further complicates the seeing of patients because the OPD is closed during the lunch period for usually one and one half-hours. The clinic is also closed on the weekend, except for the nurses who are available to provide injections and medications that are required by the patients as daily doses only.

The patient flow in the outpatient department is not designed for the convenience of the patient. If a patient is feeling very ill, they have a difficult time trying to obtain consultation. The patient flow within the clinics of the outpatient department is better designed for the convenience of the patient, although the patient still must wait in at least one and sometimes more lines within the clinic area.

- Referral patients pay the 100 SH fee and then go to the clinic of referral, to wait there until the Clinical officer, Medical officer, or Consultant sees them. If patients can not afford to pay the consulting fee they can be granted a waiver form. But this service is described as complicated and it was reported that many patients just leave without receiving care.
- Patients without appointments or not going to specific known areas like dental clinic, must first go to Male or Female clinics where they have a fifteen-minute talk on being healthy, given by the nurse who has Field Health Education.
- All patients then line up to get a patient number from the clerk, which is kept for their entire experience in the clinics.
- Then they go to the cashier and line up again to pay for the service.
- Then go back to the clinic and again wait in line (male or Female) to be seen.

- When they have been seen by Medical Officers, the patient dispensation is to discharge, discharge with prescription, admit, or refer to lab, radiology, or to other clinics.
- If the patient is discharged, he just leaves the hospital.
- If the patient is discharged with a prescription, he may buy the medication at the hospital or outside of the hospital. If he wants to buy the drug at CPGH, he goes first to the pharmacy line-up to present and pay for the prescription, and then returns and waits in line to pick up medication. The patient then leaves the hospital
- If the patient is to be admitted he is sent to the nursing ward.
- If the patient is to have further diagnostic work up he must first go to the cashier to pay for the test, and then return for the test at the lab or radiology. The Radiology Department is now working, so the patient's family no longer has to take them out of the hospital to other facilities for this diagnostic test.
- If the patient is referred to a speciality clinic, he then must walk a long distance through the hospital to Medical Record Department to take an appointment for another day. When he returns for this appointment, on another day, he can go directly to the clinic area where he has the appointment.

Recommendations

The numbers of patients who do not access care because they can not afford the fees should be determined. The system should make allowance for these individuals who may return as casualty patients in a much more ill condition. Patient payment needs sorting with waiver forms to be easier to access.

Clinic times should be planned for the patient's convenience.

The flow of patients through the Outpatient Department should be reviewed to reduce the difficulty and lining up of the patients repeatedly. Repetitions of payments and lining up needs to be reviewed for better patient flow with less waiting times for the patients. A plan should be developed to serve earliest arrived patients first.

The clerks in the clinic waiting area should be more available to assist the patients. The clerks should have telephone access for the activities they are now leaving the clinics to complete.

III. STAFFING

a. Establishment

Findings:

There is not a senior full time Nursing Manager in charge of the outpatient ward. This leaves the nurses, most of who are enrolled nurses, to determine the functions they carry out in the clinic. There is not a specific job description or duty list for the nursing functions that should be carried out.

Nurses and clinical officers staff speciality Clinics. On specific days of the week, the Consultant will attend to see patients. The nurses suggest that they need more nursing staff, but often are left waiting for consultants to arrive, often hours later than the clinic was to start.

- Surgical clinic runs Monday, Tuesday, Thursday and Friday. Four Consultants work in these clinics.
- Wednesday there is an orthopaedic clinic. Two consultants work in Orthopaedics.
- Medical clinic operates on each day of the week, with three consultants.
- Psychiatric clinic is on Tuesday, Wednesday, and Friday, but Wednesday is reserved for referrals from the courts. There is only one psychiatric consultant.
- Paediatric clinic is Tuesday and Friday, with three or four consultants attending.
 - Eye clinic has two ophthalmologists and one clinical officer. ENT runs daily, with one surgeon and one clinical officer.
 - The Dental clinic when it opens is operating every day with four dentists, a dental technician and two nurses.

Recommendations

The outpatients need to have an experienced Nurse Manager assigned to improve services and solve problems. The Nurse Manager needs to guide the nursing activities of the nursing staff and provide written duty lists for the nurses. The Nurse Manager should initiate a review of patient flow to provide more effective, efficient care for the patients.

When possible more Consultant Physicians are needed to work more time in the clinic areas. At the least, physicians / dentists should arrive on time. If that is impossible they should arrange for the patients to arrive for the times they could provide services.

Nursing should review the functions they perform, and if they are not providing nursing services they must evaluate why they are in clinics at all. Perhaps they need a receptionist only, or nursing should be doing more nursing duties.

B. QUALITY ASSURANCE

I. PATIENT CARE

a. Provision Of Nursing Care

Findings

The consultants can sometimes be very late as they attend patients in private clinics elsewhere. The earliest that they usually see a patient is at ten AM. Meanwhile the patients wait, often from early morning.

Recommendations:

A patient survey should be implemented by the Nursing Manager to determine patient's suggestions and complaints about services in the outpatient clinics. The goal should be to provide the most effective, efficient services for the patients. The staff times and availability should also be considered.

The patient travels to other parts of the hospital should be reduced. Ideas such as the outpatient laboratory should be considered for the outpatient clinics.

Patient teaching programs should be prepared on videos and run for patients while they are waiting for appointments. Teaching programs in clinics such as the medical clinic should be evaluated. Perhaps Video machines could be obtained from Volunteer donors.

II. INFECTION CONTROL

a. facilities

Findings

Patients are confused about where to go to access services. They often wander around the hospital looking for the clinic they wish to visit.

Recommendations:

The patient flow should reviewed and a new plan developed for the patients to have a less confusing access to the outpatient services.

PAEDIATRICS

A. ORGANISATIONAL ISSUES

I. POLICIES PROCEDURES

Findings

Nurses are often found at the nursing station, which is some distance from many of the children. The very ill children are near the main nursing station, but they are still not easily visible.

The nursing staff use clinical assessments to determine if they should test for HIV

Recommendations

Nurses might consider decentralising their work areas, so they can be near patients to observe condition changes. They then could provide nursing care through the case nursing system rather than functional nursing system.

All children should have a nursing history done within 24 hours of admission. Written criteria for clinical assessment of aids should be available.

Standard precautions should be practised and mothers should be taught what these are, and why they must be followed by all.

B. QUALITY ASSURANCE

I. PATIENT CARE

a. Provision of nursing care

Findings

The admission protocol for every admission regardless of disease is to deworm the child and provide a vitamin A supplement to prevent ophthalmic problems.

A diagnosis of anemia is common and is usually associated with Malaria as well as nutrition, because nutritional knowledge is limited and poverty levels are present. There are usually 8 to 10 children with aids at any one time on the unit. These children are not always screened with laboratory results, but are clinically identified. They sometimes get counseling and blood testing done and sometimes not.

Teamwork and functional nursing are practiced. The mothers are taught things like nasal gastric feeds and told to get the nurse if the child's condition changes. The nurses usually administer medications, but the family does personal care for the patient.

Counseling is not often done particularly for the HIV patients (testing is not often approved by the mother, or the child may be taken home before the result are returned so the mother never knows that the child is HIV and there is not follow-up after discharge.)

The ward is lacking many essential required to provide care for the pediatric patients. Missing are Drugs, supplies, and equipment including B/P machines. There are only two thermometers (these were provided by a volunteer).

Recommendations

A teaching program for parents should be planned, including basic cleanliness, health information as well as disease information. As well, there should be a better plan to deal with counselling for Aids patients.

Patients should be admitted to empty beds, even if they are service beds of a different consultant, rather than having two children in a bed.

Nursing should plan and organise with laboratory services to provide a better diagnostic service that would decrease nursing time spent off the ward. A mini lab as has been established in the Out Patient Department might be the best solution.

Nursing histories should include healthy information as well as illness information. Growth and development assessments should be done on all children.

Nursing staff should consider the importance of ongoing assessment of patients. They should not expect the parents to be able to identify or report deteriorating conditions of children.

III. INFECTION CONTROL

a. Facilities

Findings

The ward was very congested with often more than one child in a bed. There is not furniture for the patient's personal belongings or visitors to sit. The families have no where to sit except on the beds.

Ward is very unclean as the current subordinate does not clean as well as the previous person and attendance has been irregular, particularly on the weekends. Areas that need to be cleaned in the ward include beds, walls, windows, floors and furniture.

Recommendations

The ward should be reviewed for the maximum patients that can safely cared for in the open areas. Better organisation of the ward should be planned to isolate some of the patients in some of the rooms on the ward that are now empty, or storing items not needed on this ward. There are a number of side rooms that could be used for patients who have special needs. Some of these may be for patients who are moribund, infectious, or receiving cancer medications or treatments. Other special needs may present and the staff should be alert for these requirements.

b. Equipment and supplies

Findings

Oxygen is not always available. Even if a tank of oxygen is available there is only one flow meter so all the children are given oxygen from this one meter. It is never known how much one child gets or doesn't get. There can be any number of children on the same flow meter at one time. (Eight critically ill children were on the day of assessment) The children are the most ill in the ward, but are all nursed on one bed, regardless of diagnosis.

There is not enough Jik provided to clean the ward. Approximately 21 liters per week are required for disinfectant. The ward is only provided with three liters. Sometimes even that amount is not provided if there is a shortage in the hospital.

Recommendations

Oxygen flow meters should be a priority for purchasing so that each patient requiring oxygen therapy has one. The one oxygen gauge and flow meter currently in use does not provide for the amount of Oxygen each patient should receive, nor is it acceptable from an infection control point-of-view.

Enough supplies (such as JIK) should be planned for and made available on a regular basis. Cleanliness of the ward is the first line for preventing cross infections among the children and staff.

INTENSIVE CARE WARD

A. ORGANISATIONAL ISSUES

I. POLICIES PROCEDURES

Findings

The role of the intensive Care Unit is not clear, as often patients who should have more intensive care are admitted to a busy ward. The nursing staff as well as other staff should be informed about the role, so that they know when it is appropriate to refer patients.

Resuscitation procedures are poorly done in the hospital. Many nurses say that they have not had any practice or upgrading since their training days, and therefore they do not perform properly.

Recommendations

The role of ICU in the hospital should be identified. The referral system for Intensive Care admissions should be reviewed for ways to improve who is admitted and under what criteria. Criteria for admission and discharge to the ward should be identified and advertised across the nursing department

The possibility of having a “Cardio Pulmonary Resuscitation team” originating from the ICU should be studied. One expert group of practitioners might improve the numbers of patients successfully resuscitated.

II. STAFFING

a. Numbers

Findings

Often the nurses in the ICU are not busy because of a limited number of patients. On the day the consultant visited, there was one patient and three nurses on duty.

Recommendations

When there are not patients in the ICU, the nursing staff should offer to work with the PARR staff and vice versa, then they should volunteer to work on the ward

b. Staff Ratios

Findings

There are no registered nurses, except for the charge nurse, assigned to the ICU. The enrolled nurses have not had special training on the new equipment in the ward.

Recommendations

The most highly trained and competent nurses in the hospital should staff the Intensive Care ward. This ward needs to have one or more registered nurse in the Intensive Care Unit on each shift.

c. Continuing Education

Findings

The nursing staff has not had a Cardio Pulmonary Resuscitation practice. Nor has the enrolled nursing staff been trained on all the new equipment.

There are no written regular routines for patient monitoring or assessment in the ward. The care provided depends only on the capabilities and interests of whichever nurse is on duty, and their individual training and experience.

Recommendations

Nursing should be provided by registered nurses with support from enrolled nurses. The nurse's skill should be evaluated including assessment skills, and upgrading implemented and evaluated.

A plan for orientation of the staff to the new equipment should be developed. Nurses should be trained to use, and maintain all equipment and machines in the ICU, and not use the equipment until they are trained, and this training is documented. As well, Cardio Pulmonary Resuscitation practises should be held on a regular monthly basis. Then the ICU staff should be involved in teaching other staff how to do Cardio Pulmonary Resuscitation.

Nursing staff should be cross-trained with Recovery Room staff. If one area is busier than another is, the least busy nurses from other wards should support them.

B. QUALITY ASSURANCE

I. PATIENT CARE

Findings

The emergency cart supplies were not separated or labelled, but were just altogether in the drawers.

Recommendations

All emergency equipment should be well maintained and ready for immediate use. The crash cart supplies should all be in an exact place that is clearly and correctly labelled. The cart should be checked and signed for completeness at the end of each shift, before the nurse leave the ward.

II. INFECTION CONTROL

a. Facilities

Findings

The area was painted, but not cleaned prior to moving back into the ward. Beds not in use were very dusty. The doors were open to the outside corridors. There was not traffic control in the ward, and any one could enter at any time.

Recommendations

Rules and regulations for maintaining the cleanliness of the ward for prevention of infection should be instituted. Regular cleaning of furniture, equipment and environment should be organised. The area should be considered as a clean area, and access should be limited.

MATERNITY DEPARTMENT

A. ORGANISATIONAL ISSUES

I. STAFFING

a. Numbers

Findings

The wards are short of staff; particularly in high nursing care requirement areas as the labour ward. The National Nursing Standards for the labour ward are for a one nurse to one patient ratio.

Recommendations

To increase the number of nurses available for the Maternity Ward, the locum system should be implemented to provide more staff for the Maternity area. As well, the nurses on call for the Maternity Operating Room should work on the labour area, but be free to attend any emergency cases as they occur.

b. Continuing Education

Findings

The nurses have not had CPR classes for resuscitation of babies.

Recommendations

All nurses should have theory classes and skill practice with resuscitating the newborn babies, as well as general Cardio Pulmonary Resuscitation practice.

B. QUALITY ASSURANCE

I. PATIENT CARE

a. Provision of nursing care

Findings

Patients are admitted from the community, clinics, other hospitals, or after being referred by consultants, to the examination area. But not all patients admitted to the examination room are admitted to the labour area. From here they may be discharged, admitted to the delivery area, the operating room if needing emergency surgery, or admitted to the “acute” ward. If discharged, they are directed to the cashiers, as all other patient’s, with a completed charge sheet. This increases the risk of spreading infections to the mothers in labour ward and the newborn babies.

Mothers may wait past the recommended time for suturing, because of lack of sutures. This may cause infections.

Central Oxygen system is available, but not yet in use, because of shortages of Oxygen flow meters and gauges. Therefore mothers or newborn babies may not have oxygen when it is needed.

In the nursery, one bassinet had three babies in it. Patients, whether adult or children, should not share this proximity because of cross contamination. This is particularly important in this unit because of the possibility of new born babies who may have unknown infections such as aids or hepatitis

Length of stay may be extended because of secondary disorders of anaemia, malaria etc. These patients should have treatment for the secondary diagnosis as aggressively as possible.

Teaching programs are not standardised or regularly provided for the patients. This includes the teaching of breast-feeding, which is not an organised program for the new mothers.

The numbers of patients was overwhelming in the postpartum area with more than one patient in a bed. The explanation for this was that the patient's were held over from the weekend, because they could not pay and were waiting for their families to find the money. Another explanation was that the patients were waiting for the rounds to take place.

Postpartum B/P, fundal and perineal checks were not done on the post-partum ward, even prior to discharge. Complications of bleeding, infection or other conditions might be discovered and conditions treated before they became more serious, should these basic assessments be required nursing care.

Mothers who have just recently delivered may have to walk to the main building to pay for their hospitalisation prior to discharge. Often these mothers have secondary conditions, which increases their general weakness, so mothers have collapsed on the way to arrange for their discharge.

Recommendations

The maternity services available should be promoted in as many ways as possible, so that all citizens are aware of this improved service.

Programs for general health improvement should be offered as part of the maternity care. These could include topics such as care of the newborn baby and affordable nutrition for mother and child.

The nursing staff should work with cashiers to arrange a service for collecting fees, in an easily reached area, for new mothers who still may be very weak. If this is not possible, the nurses should take the mothers to the discharge office in a wheelchair.

There should be a method of triage introduced so that the labour ward is kept separated from possibly infectious patient who do not need to be delivered, or perhaps even admitted.

Teaching programs should be organised for the mothers, including basic cleanliness, postpartum self care, cord care, breast feeding, normal physical changes to expect, and nutritional information for mother and baby. Time, place and methods for presenting the teaching programs should be organised.

There should be extra B/P's, and fetalscopes purchased for the maternity area. Basic items such as perineal pads should be provided for the mothers. They should be taught to dispose of these potentially infected items in a safe manner.

b. safety

Findings

Oxygen cylinders were being stored in the visitors waiting area on the main floor.

Recommendations

Oxygen cylinders should be stored and handled with care, as they are a fire hazard. The need to be secured in a safer area.

c. Equipment and supplies

Findings

The examination and labour areas looked neat, tidy and clean, but on closer examination it was noted that the areas were not clean – curtains had blood on them, and there was blood on the leg supports of the examination tables and the examination table itself. One examining bed had a bloody sheet partially covered by a Macintosh. This is an area with a high potential for infection with contaminated blood. This can be an infectious danger to patients, but also to staff.

Recommendations

The maternity ward should be kept scrupulously clean. All attempts should be made to prevent the spread of infection, by cleaning all furniture, equipment and areas carefully and thoroughly between patients.

d. Practices**Findings**

Not enough attention is paid to possible infection spread. Placentas from deliveries on Friday night were in the containers in the sluice room on Saturday afternoon. Garbage was outside the wards. Soiled and bloody linen was thrown in empty rooms and another day in the sluice room. There were containers full of used needles in the nursery. Bloody dirty dressings were thrown in heaps in sluice rooms. Flies were everywhere in the garbage, attracted by the very bad smells everywhere in the nursing wards.

Basic supplies such as perineal pads and sterile gloves, sutures should always be available for the maternity department. As well as other for purposes, these items are essential for infection control.

Recommendations

Strict infection control measures should be planned and implemented to protect mothers, babies and all staff. All procedures of the staff should be examined and where necessary corrected. Regular checks should be made, so that delivery areas supplies and equipment are cleaned appropriately to prevent cross infection among patients.

After six hours the perineal incisions or cuts should not be sutured because of increased possibility of infection. Lengths of time patients have to wait for suturing should be evaluated, and reduced to an immediate suturing. Sutures should be always available for this procedure.

THE OPERATING ROOM

A. ORGANISATIONAL ISSUES

I. DESIGN OF ORGANIZATION

Findings

There is an OR committee. They are meeting every two months to solve problems, particularly of the renovations, and supplies and equipment. Minutes of the committee meetings are kept by the Nursing Administrator for the area.

Operating Theatre booking system and hospital admissions are not necessarily related. It appears that there is little waiting time once surgery has been decided, since there is not a waiting list. The Dr. simply admits the patients for surgery as the patient requires the procedure.

The bookings are done on a daily basis and the OR has one copy of this. The physician or surgeon is not assigned a specific time. All the cases except the first, are scheduled "to follow" the preceding case?

The data relating to preoperative lengths of stay is not collected. This and other data will be collected after the service moves to the renovated operating theatre. Data for variables to be collected after the move to the renovations are completed are :

- Daily starting times by operating room and day of week
- Daily ending times by operating room and day of week
- Length of time to perform surgery by procedure (this can be difficult to determine, particularly if many patients have more than one surgical procedure performed at one time)
- Elapsed time between cases
- Type of case (scheduled or emergency)
- Operating physician
- Whether an assistant physician was on the case
- Preoperative lengths of stay by operative procedure

The numbers of emergency cases during non regular OR times will have to be reevaluated since the Maternity Operating theatres are now operating. This will affect the staffing for emergency surgeries.

The role of emergencies in postponing a case (i.e., deferring a case until later the same day) or canceling a case (i.e., deferring a case until another day with the patient either returning to a nursing station or being discharged), is totally dependent on the surgeon who is booked to be working. The surgeon may refuse to allow the emergency case to take precedence over his booked case.

There is no formal method used to estimate length of time to perform a particular surgical procedure. The times used are the start time and finish time recorded by the nurse for an actual surgery performed by that surgeon. There is no comparison data on file for similar surgeries, and the surgeon uses the time he feels he needs for the surgery.

"Rules" used to schedule cases during the day were not determined (e.g., all pediatric cases first, anticipated longest case first, anticipated shortest case first, first come-first served, random, certain surgeons preceding others). This will be determined at a later assessment.

The operating room schedules cases are booked one day in advance. Scheduling procedures will be reviewed following the move to the regular ORs

Record keeping and information handling for the operating room is all done manually. Unnecessary reports that are still being prepared in the operating room will be reviewed after the move to the regular ORs. A great deal of writing and repeating of information occurs.

Instrument and materials management is poorly done, since the instruments are not autoclaved between cases, but simply soaked in cidex for twenty minutes. There are not enough instruments in circulation to allow the time for resterilising them between cases. This autoclaving procedure will change following the move to the renovated theatres, as more instruments will be available and also better autoclaves.

Inventory stock times are not determined. The nurses told me this was the incharge's job.

Cssd is responsible for preparing surgical trays and packs and determining what items are included. This department will have better space for working and better equipment once they move to the renovated areas.

There is no pattern or plan for the amount of time spent by the staff in the daily OR work. Variability in the time between cases will be determined after the move.

The extent to which additional cases can be scheduled without having nursing work overtime is not a problem since the nursing staff covers the operating rooms for twenty four hours.

Recommendations

Reassess the Operating room systems when the renovations are completed and the theatres reopened. This should be a major review of all activities in the operating theatres.

The Operating Theatre committee has been meeting, but concentrating mainly on the theatre renovations. This committee should focus on improving patient care in the OR future experiences.

II. ACCOUNTABILITY

Findings

Often the surgeons or anaesthetists are very late for the Operating Room start times. The patients and or staff then are waiting for these key persons to arrive. One day, the patient had been brought to the OR for 7:30 AM surgery, but the surgeon still hadn't arrived at 9:30 AM. Nothing seems to be done about this behaviour.

Recommendations

The Operating Room committee should set rules and regulations including operating times. If the Surgeons cannot be present until late in the morning, then surgery for patients needs to be booked for later in the morning.

III. STAFFING

a. Numbers

Findings

The nursing staff number 34. Night and weekend time use is only for emergencies and now that Maternity are operating there own OR, this needs to be evaluated. Nurses are scheduled for coverage for emergency cases on a 24-hour basis. The reason for this is the difficulty with transportation and communication were an on-call system to be used.

The staff is concerned about how they will operate an emergency OR system in the casualty theatre and the regular OR for booked cases, with the number of staff that they have.

Recommendations

The numbers of nursing staff required will be re-evaluated when the move to the renovated theatres occurs.

b. Continuing Education

Findings

Education, training, and orientation according to the staff are lacking. They indicated that they have not been trained except on the job, and they would like more education to be available. They would especially

like to have the regular OR training course that is offered, according to the staff “ by other hospital but not here”.

There is no cross training of nurses in the OR although the ICU is immediately adjacent to the PARR and the Operating Theatres.

Recommendations

A plan for a review of nursing operating room technique for all theatre nursing staff should be done and implemented.

Implement a cross-training program of care of the critically ill patient for emergency, PARR, and ICU nurses to enable them to assess and care for critically ill patients.

B. QUALITY ASSURANCE

I. PATIENT CARE

a. Provision of nursing care

Findings

Emergency cases are done as they occur, although I was told sometimes the surgeon will not let them precede his booked case, and then the emergency patient waits.

Temporarily, Post anesthesia recovery of patients occurs inside the OR, if the room is not needed for another patient or just outside the OR in an entrance room. Nurses are not with the patient all the time, but keep an eye on the patient while doing other things.

Consent forms are signed prior to surgery, but not necessarily on admission. The amount of information provided or understood by the patients is unknown.

EKG tests are not automatically done for patients of any category. In fact the nurse told me that EKG's are not done here. Specifically the one test done is hemoglobin although they may have several other laboratory tests performed as well, depending on the individual patient. Other than hemoglobin, routine examinations are not a requirement for a surgical procedure to be performed.

Informing a chaplain that a patient is scheduled for surgery is not done.

Shaving of patients scheduled for surgery and other preparations are done on the wards before the patient is brought to the OR.

Patients are transported to the OR by the OR porter and one nurse from the ward. The same transportation system is in effect for the patient being returned from the OR. This may cause great delays because the nurse is often not available when needed on the nursing wards. There is not a waiting room for patients awaiting surgery. The patient waits in the hall way by the operating theatre.

Nursing technique needs review, as there were minor breaks in technique. The nurses indicate that they have only been trained on the job.

The second day of observation the patient was in the OR by 7:30, but when I was called away to meet with the board chairman at 9:30, the surgery still had not started. The surgeon had not yet arrived. The nurses were ready but surgery was delayed until the surgeons and anesthetist arrived.

Recommendations

Develop protocols for all operative procedures. Estimates of surgical times should be identified for better control of the caseload and operating time.

Develop forms for the surgery intervention. Plan for informing the theatre personnel about the use of these forms

Meet with the operating room committee to develop procedures to improve patient care (i.e. Preoperative visits by anaesthetists), scheduling, utilisation of the operating rooms, day care surgical procedures.

b. Safety

Findings

Counts of gauze, needles and instruments are not done prior to, during or after surgery.

Recommendations

A policy and procedure for the counting of Gauze, needles and instruments should be written and implemented. These counts should be documented on the operating record prior to surgery beginning, and during surgery, prior to closing of the surgical site.

II. INFECTION CONTROL

a. Equipment and supplies

Findings

The time spent between cases is more related to lack of instruments and the surgeons availability. Some of the instruments looked ineffective. The scissors in one set were very dull and did not close properly.

Recommendations

New instrument sets will be available after the transfer to the renovated theatres.

b. Practices

Findings

The anesthetists walked around the operating room without changing into operating suits or wearing a mask. The nurse's masks were sometimes below their noses. The surgeons were properly dressed for the OR area.

Recommendations

The hospital policies regarding OR attire for the theatre staff should be reviewed and reinforced through the Operating Room Committee.

VI. CONCLUSIONS

CPGH has advanced in several areas since the consultant arrived on the site. Maintaining or accelerating this momentum in the next phase of nursing department reorganisation, introduction of staffing solutions and retraining, and refocusing quality on the needs of the patient, will greatly enhance the quality of patient care overall. Continuing improvements in all aspects of the environment, more systematic provision of supplies, logical planned priority utilisation of resources, and maintenance of equipment all contribute to the ability of the hospital and the nursing personnel to provide efficient, effective quality care within the limits of the resources available. Staff satisfaction and morale should improve when the nurses are able to provide a better quality of care as they experience the resources and support to do so.

VII. IMPLEMENTATION PLAN

The Recommendations made in this document are to be reviewed by the Chief Administrator of CPGH, in concert with representatives of MSH. Following approval of this report, a work plan of sequential steps for making improvements in organisational performance and quality of services, controlling costs, improving patient satisfaction, and nurse job satisfaction will be developed by the Nurse Consultant.

Renovations are ongoing in the hospital, but this should not deter activities for improvements in the Nursing Department from occurring. Even without any physical changes, increased supplies or new equipment, the three month plan for development of the Nursing Department was initiated and implementation begun.

VIII. CONTACTS FOR THIS REPORT

Hospital Chief Administrator	Dr. E. Getambu
Personnel Officer	Mrs. Odede
Deputy Administrator	Mrs. Kiiva
Deputy Administrator	Dr. Mwangi
Director Of Nursing	Ms. Alice Menza
Supplies Matron	Z. Yusuf
Irw Matron	M. Suleiman
Maternity Matron	J. Maua
Casualty Matron	E. Nyaga
Medical Matron	Monica Chinba
Medical Matron	Aggrey Ngonga
NHIF Matron	Monica Ndunga
Surgical Matron	Cecilia Muthami
Pediatric Matron	Francis Kilomzo
Operating Theatre Matron	Veronica Kahiti
Continuing Education	Vincenza Muthangari
Mch Matron	Flora Ali
Matron	Elizabeth Andalya
OPD Charge Nurse	Sarah Muima
Dental Clinic	Judith Oluoch
Enrolled Nurses	
In Charge Nurses	
Staff Nurses	
Pharmacy In Charge	S. Maina
Pathologist	Dr. Mandalya
Radiology In Charge	Michelle Karambu

IX. APPENDICES

Appendix A	Scope Of Work
Appendix B	Three month plan for Nursing
Appendix C	Nursing organisation chart
Appendix D	Nursing Committee organisation
Appendix E	International Code of Ethics
Appendix F	Nursing Mission statement
Appendix G	Nursing Philosophy
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Appendix J	Assessment of Nursing units guide

Appendix A Scope Of Work

APHIA Financing and Sustainability Project



Management Sciences for Health

Ministry of Health



Health Care Financing and Sustainability Annex – Afya House
P.O. Box 44677, Nairobi, Kenya.
Telephone (254) 2 -716031 / 716760
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I. SCOPE OF WORK

This is a Proposed Scope of Work for a qualified independent nursing consultant with recent relevant experience in assessing and implementing reforms in hospital nursing administration, nursing unit management and patient care planning, and in hospital surgery department operations and management. The consultant is capable of assessing and recommending necessary reforms to improve efficiency and quality of service to be carried out at the Coast Provincial General Hospital, Mombassa, Kenya.

II. NAME OF CONSULTANT: Lorea Ytterberg, Ph.D.

III. PERIOD / DURATION OF TECHNICAL ASSISTANCE:

Estimated at nine (9) months – 3 months to carry out the assessment and develop a work plan, from about 8th November to February 4th, and 6 months to assist with the implementation of a work plan of improvement from about 7th February to about 7th of August, year 2000.

IV. PURPOSE OF THE CONSULTANCY:

To assess the day to day performance of the hospital's:

1. Nursing services in the outpatient clinics and inpatient units for efficiency and clinical nursing performance to meet both patient and staff needs, and improve patient/family satisfaction
2. Operating theatres to evaluate the department's strengths and weaknesses, and to make recommendations in organization and management for improvements in department performance in order to meet both patient and staff needs

V. CONTEXT AND BACKGROUND:

The Coast Provincial General Hospital is a large Provincial referral facility with 800 staff operating over 400 acute inpatient beds, large volume outpatient clinics, and affiliated clinical training programs for medical and nursing students. The hospital's primary service area is Mombassa, with approximately 500,000 population. The Ministry of Health has recently decentralized the hospital with the appointment of a local board of trustees, which is a planned precursor for the hospital to achieve autonomous status. An assessment of the organization's performance and feasibility study for achieving autonomy has recommended a need for organizational reengineering, and the subsequent development and implementation of an "Action Plan" specifying implementation strategies necessary for improving organizational performance and quality of services.

Implementing reforms in the surgical operating theatres, nursing administration, nursing unit management, and patient care planning are critical elements of the overall organizational improvement strategy.

VI. EXPECTED OUTPUTS:

1. The consultant will develop an operational assessment tool / questionnaire to guide the process of evaluating the hospital nursing services in the outpatient clinics, and inpatient wards. Nursing administration and nursing departmental management systems will be reviewed and analyzed, e.g.:
 - organization
 - scheduling
 - productivity
 - utilization improvement
 - staffing
 - space utilization
 - facilities assessment
 - equipment assessment
 - communications
 - drugs and supplies
2. An assessment tool will also be developed to carry out a comprehensive assessment of the main surgical operating theatres and the theatres in the maternity. This shall include, but is not limited to, the day to day functioning of the service, including the support services of anesthesia and central sterile (cssd):
 - existing departmental organization, policies and procedures
 - patient activity (number and types of cases/surgical diagnoses)
 - types of anesthesia utilized
 - patient flow
 - scheduling of patients
 - staffing levels
 - staff skills – capability
 - continuing education activity
 - sterile technique
 - space utilization
 - supervision/management and communications
 - functional status of facility and equipment
 - recurring problems/concerns, sentinel events
3. The consultant will provide a draft report at the end of 30 days, summarizing the assessment findings and recommendations for improvement. This report will be made to the hospital's chief administrator and the AFS Project's health management advisor.
4. After 90 days, the consultant will return to her home in Cairo, to finalize the report findings and recommendations. She will then develop a work plan of sequential steps for making improvements in organizational performance and quality of services, controlling costs, improving patient satisfaction, and nurses job satisfaction. Improvements may include, but are not limited to:
 - patient care planning and assessment (protocol-based nursing care system)
 - staffing levels
 - infection control
 - operational restructuring (nursing administration and nursing unit management, nursing quality improvement program)
5. The consultant will be expected submit the final report of assessment and the work plan for approval to the AFS Project's health management advisor within 3 weeks after returning to her home. After approvals by the client-hospital and AFS Project, arrangements will be made for the consultant to return and assist with implementation of the work plan.
6. The consultant will prepare brief monthly work plan progress reports to the hospital administrator and health management advisor of the activity, the successes and the barriers.

7. After approximately 6 months, on or about 7th of August, year 2000, it is expected that the work plan implementation will be essentially complete and the consultant will prepare a final report of the technical assistance (work plan implementation) and any suggestions for future use. This report, with the review and feedback from the Project's health management advisor, will be provided two days before departure from Kenya for review by AFS Chief of Party, hospital senior management, USAID, and MoH.

VII MONITORING AND REPORTING:

1. The Project's health management advisor is responsible for monitoring the work of the consultant and reporting results/outcomes to the Project's Chief of Party. The health management advisor will make regular site visits, at least monthly, to monitor the progress and offer assistance and support where needed.

VIII. FOLLOW UP:

1. The consultant's reports will be used to monitor and evaluate the impact of AFS technical assistance for improving hospital organizational performance, quality of services, patient/family satisfaction, and staff capacity building, as written recommendations will be reviewed for follow-on technical assistance by AFS.
2. The consultant's report will be utilized to provide similar AFS technical assistance to other hospitals interested in improving performance and quality.
3. It is necessary that appropriate feedback be maintained between the AFS Project, the client hospital and the consultant.

Appendix B
Three month plan for Nursing
NURSING PLAN FOR THE NEXT THREE MONTHS

GOALS: To initiate beginning changes in the Nursing Department to increase efficiency and effectiveness of nursing care, as well as increase patient and staff satisfaction

OBJECTIVES:

1. To determine the line organisation in the Nursing Department
2. To determine the committee organisation in the Nursing Department
3. To decide on job descriptions for all nursing positions
4. To appoint matrons to the new matron positions
5. To appoint the charge nurses to each unit
6. To organise the committees and appoint committee members
7. To identify current staffing by name and position
8. To determine required staffing for the Nursing Department

ACTIVITIES:

1. To determine the line organisation in the Nursing Department
 - Review nursing services
 - Group according to services and work load
 - Determine final groupings
 - Draw the organisational chart
 - Review the chart with the matron group during study days
 - Determine final organisation chart and recommend it to the administration
2. To determine the committee organisation in the Nursing Department
 - Identify the major concerns across the nursing organisation
 - Decide which concerns will best addressed through the committees
 - Write the description and terms of reference of the committees
 - Appoint members to the committees and begin activities
 - Possible committees - Procedure
 - Continuing Education
 - Quality Assurance
 - Safety (Infection Control, fire, disaster)
3. To decide on job descriptions for all nursing positions
 - Identify nursing standards
 - Determine the goals for each standard
 - Determine the role of each person
 - Identify responsibilities, who they are responsible to and accountable for
 - Write the job descriptions
 - Introduce the job descriptions to the matrons and finalise them during study days
 - Recommend the job descriptions to the administration
 - Introduce to the staff???
4. To appoint matrons to the new matron position
 - Identify the criteria for the new positions
 - Determine an interview committee

- Appoint members to the committee
 - Arrange interviews with matrons at the committee
 - The committee submits Recommendations: to the Director of Nursing
 - Formalise start days for the positions
 - Appoint the matrons to the positions
5. To appoint the charge nurses to each unit
- Identify the criteria for the new positions
 - Determine an interview committee
 - Appoint members to the committee
 - Arrange interviews with charge nurses at the committee
 - The committee submits Recommendations: to the Director of Nursing
 - Formalise start days for the positions
 - Appoint the charge nurses to the positions
6. To organise the committees and appoint committee members
- Invite applications for the committees
 - Appoint committee member
 - Identify meeting times
 - Begin the meetings
7. To identify current staffing by name and position
- Identify current staff in each unit by name. Positions, qualifications, experience
 - Compare with current personnel lists and make corrections to the lists
 - Return a corrected list to the units through the matrons for final approval
 - Add up the positions by qualifications form each finale list
8. To determine required staffing for the Nursing Department based on National standards for Quality Nursing
- Obtain National workload standards
 - Determine the patient workload in each unit
 - Determine how many nurses should be available in each unit
 - Add up the total numbers required and compare to current staffing
 - Present the report through the administration to the Afya House

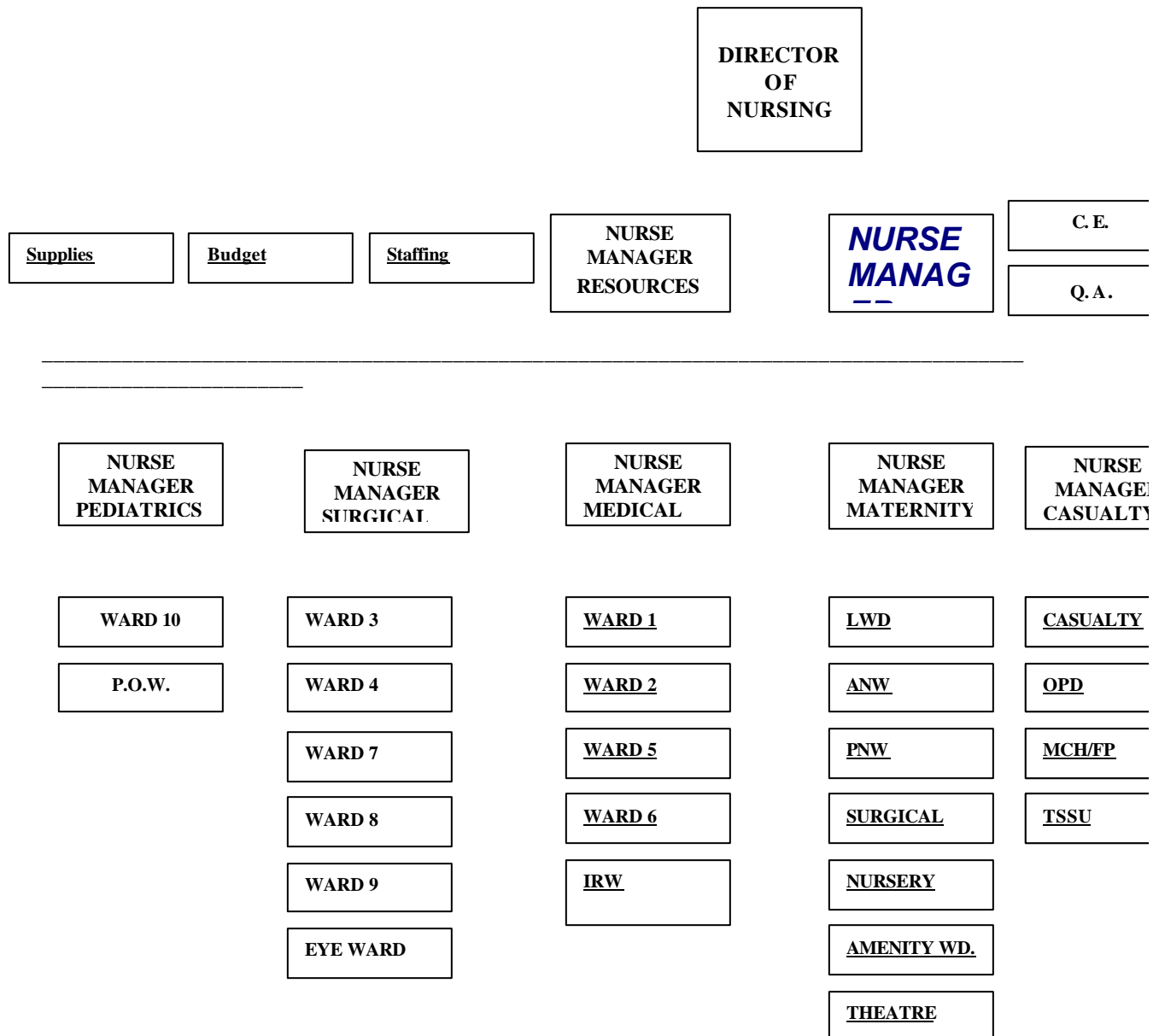
ORGANISATION CHART :

Shows the relationships of one department to another and also indicates the chain of command in the hospital and in particular in the nursing department.

DEPARTMENT ADMINISTRATION ORGANISATION:

_Identifies the chain of command and communication lines in the nursing department so that each administrator knows exactly her area of responsibility and each nurse knows who she is responsible to and to whom she reports.

Appendix C
NURSING DEPARTMENT
ORGANISATIONAL CHART



Appendix D

Nursing Committee organisation

There are certain types of nursing tasks that require opinions and knowledge of nurses from all areas of the hospital. The work of these types of groups will benefit or apply to all nurses in the hospital. These groups may be considered as a Standing Committee or be called together for a short time to perform a specific task as an Ad hoc Committee. The members of these committees contribute according to their knowledge and experience, enhancing the Nursing Department quality of care. Through the participation of these nurses, the nursing department will be able to gain the best results. In return the nurses serving on these committees participate in the Nursing Department decision-making, practice leadership skill and gain new knowledge. Nurses may also represent the Nursing Department on Ad hoc or Standing Hospital Committees. The work of each of the Organisational Nursing Committees complement and add to the work of the other committees.

APPOINTMENTS TO COMMITTEES

The membership of these committees will be determined by the Director of Nursing. Depending on the committee, the Director may use various criteria to determine the membership. Some of these criteria are special expertise and knowledge, position in the organisation, personal ability, professional development, interest, and availability. Nurses may be short term or long term members, but working on committees is considered part of every nurse's job.

The number of members on each committee should be determined by the purpose of the committee. All areas of the Nursing Department should be represented on these committees.

COMMITTEES

1. Nursing Management Committee
2. Nursing Quality Assurance Committee
3. Nursing Practice Committee
4. Nursing Staff Development Committee
5. Nursing Safety Committee

TERMS OF REFERENCE

NURSING MANAGEMENT COMMITTEE

Purpose: To determine the management policies and procedures and decide issues related to the management function of patient care

Description: This committee determines Nursing Departmental policy, plans activities and solves problems in the Nursing Department.

Chairman: The chairman will be the Director of Nursing

Chairman Responsibilities:

1. Sets date, time and place of meetings
2. Sets agenda for each meeting
3. Circulates agenda, minutes of previous meeting, and other material in sufficient time for the committee members to be prepared for the meeting
4. Prepares self for the meeting
5. Chairs the meeting or if absence necessary, arranges for a delegate to chair the meeting.
6. Lead the group effectively by starting on time and finishing on time, promotes effective group participation, continues to move the group activities towards the goals, summarizes the main points agreed upon
7. Acts upon directives and decisions of the committee, or accounts for inaction
8. Ensures that minutes are recorded
Reports progress of committee to the Director of Nursing

Members: The Director of Nursing and the Nursing Managers of each area of the Nursing Department

NURSING PRACTICE COMMITTEE

Purpose: To define, implement and maintain realistic standards of clinical nursing practice

Description: The committee members review and approves all policies, procedures, issues and practice standards that relate to, or effect quality of care, and proposes needed practice changes. This committee may review job descriptions, and evaluation procedures. As well they may be involved in staffing issues that affect quality of care.

Chairman: To be appointed by the Director of Nursing

Chairman Responsibilities:

1. Sets date, time and place of meetings
2. Sets agenda for each meeting
3. Circulates agenda, minutes of previous meeting, and other material in sufficient time for the committee members to be prepared for the meeting
4. Prepares self for the meeting
5. Chairs the meeting or if absence necessary, arranges for a delegate to chair the meeting.
6. Lead the group effectively by starting on time and finishing on time, promotes effective group participation, continues to move the group activities towards the goals, summarizes the main points agreed upon
7. Acts upon directives and decisions of the committee, or accounts for inaction
8. Ensures that minutes are recorded

9. Reports progress of committee to the Director of Nursing

Members: The head nurse or Staff nurses a variety of nursing wards including: Medical and Surgical Inpatient wards, Outpatients, Casualty, and the special care units

Meeting times: The committee should meet at least monthly, but more frequently as required

Minutes: Minutes are to be kept of all meetings. Information is to be available to all nursing staff. Copies of the minutes are to be sent to the Hospital Assistant Manager responsible for The Nursing Department.

NURSING QUALITY ASSURANCE COMMITTEE

Purpose: To over see the Quality of Nursing Care provided for patients

Description: This committee reviews activities and practices, assessing theses against predetermined Nursing Department Standards, identifying deficiencies and communicating them to the appropriate individual or group, and finally, proposing and implementing solutions. The areas of concern are the Physical (Structure), Professional (staff), clinical (recipients of care), administrative (governance).

Chairman: The chairman will be the Director of Nursing or her delegate.

Chairman Responsibilities:

1. Sets date, time and place of meetings
2. Sets agenda for each meeting
3. Circulates agenda, minutes of previous meeting, and other material in sufficient time for the committee members to be prepared for the meeting
4. Prepares self for the meeting
5. Chairs the meeting or if absence necessary, arranges for a delegate to chair the meeting.
6. Lead the group effectively by starting on time and finishing on time, promotes effective group participation, continues to move the group activities towards the goals, summarizes the main points agreed upon
7. Acts upon directives and decisions of the committee, or accounts for inaction
8. Ensures that minutes are recorded Reports progress of committee to the Nursing Director and The hospital Quality Assurance Committee

Members: The head nurse or delegate from a variety of nursing Wards:

Meeting times: The committee should meet at least monthly, but more frequently as required.

Minutes: Minutes are to be kept of all meetings. Information is to be available to all nursing staff. Copies of the minutes are to be sent to the hospital manager.

NURSING STAFF DEVELOPMENT COMMITTEE

Purpose: To identify and address the learning and development needs of the nursing staff

Description: This committee, in conjunction with the Continuing Education Department, identifies nursing staff learning needs, plans for continuing education programs, arranges for these programs to be presented, and encourages the nursing staff to attend.

Chairman: Nursing Manger of the Continuing Education department

Chairman Responsibilities:

1. Sets date, time and place of meetings
2. Sets agenda for each meeting
3. Circulates agenda, minutes of previous meeting, and other material in sufficient time for the committee members to be prepared for the meeting
4. Prepares self for the meeting
5. Chairs the meeting or if absence necessary, arranges for a delegate to chair the meeting.
6. Lead the group effectively by starting on time and finishing on time, promotes effective group participation, continues to move the group activities towards the goals, summarizes the main points agreed upon
7. Acts upon directives and decisions of the committee, or accounts for inaction
8. Ensures that minutes are recorded
9. Reports progress of committee to the Director of Nursing

Members: The head nurse or delegate from a variety of Nursing Wards.

Meeting times: The committee should meet at least monthly, but more frequently as required

Minutes: Minutes are to be kept of all meetings. Information is to be available to all nursing staff.
Copies of the minutes are to be sent to the Director of Nursing

NURSING SAFETY COMMITTEE

Purpose: To determine the nursing component of the hospital wide programs for standard precautions for infection control, internal and external disaster preparedness.

Description: This committee participates in hospital wide planning to develop programs of standard precautions for infection control, and preparedness any internal or external disaster.

Chairman: Nursing Manager of the Pediatric department

Chairman Responsibilities:

10. Sets date, time and place of meetings
11. Sets agenda for each meeting
12. Circulates agenda, minutes of previous meeting, and other material in sufficient time for the committee members to be prepared for the meeting
13. Prepares self for the meeting
14. Chairs the meeting or if absence necessary, arranges for a delegate to chair the meeting.
15. Lead the group effectively by starting on time and finishing on time, promotes effective group participation, continues to move the group activities towards the goals, summarizes the main points agreed upon
16. Acts upon directives and decisions of the committee, or accounts for inaction
17. Ensures that minutes are recorded
18. Reports progress of committee to the Director of Nursing
19. Sits as a member of the hospital wide committee for safety.

Members: The Charge nurse or delegate from a variety of nursing wards, the nursing manager from the continuing education department, a Nursing manager from the special care units and from the operating theatres.

Meeting times: The committee should meet at least monthly, but more frequently as required

Minutes: Minutes are to be kept of all meetings. Information is to be available to all nursing staff.
Copies of the minutes are to be sent to the Director of Nursing

Appendix E
INTERNATIONAL COUNCIL OF NURSES

CODE FOR NURSES: ETHICAL CONCEPTS APPLIED TO NURSING

The fundamental responsibility of the nurse is fourfold:

- to promote health;
- to prevent illness;
- to restore health; and
- to alleviate suffering.

The need for nursing is universal. Inherent in nursing is respect for life, dignity and rights of man. It is unrestricted by consideration of nationality, race, creed, colour, age, sex, politics or social status.

Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Nurses and People

The nurse's primary responsibility is to those people who require nursing care.

The nurse, in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgement in sharing this information.

Nurses and Practice

The nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning.

The nurse maintains the highest standards of nursing care possible within the reality of a specific situation.

The nurse uses judgement in relation to individual competence when accepting and delegating responsibilities. The nurse when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

Nurses and Society

The nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public.

Nurses and Co-Workers

The nurse sustains a cooperative relationship with co-workers in nursing and other fields.

The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other person.

Nurses and Profession

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education.

The nurse is active in developing a core of professional knowledge.

The nurse, acting through the professional organisation, participates in establishing and maintaining equitable social and economic working conditions in nursing.

Appendix F

NURSING MISSION STATEMENT

The goal of the Nursing Department of Coast Provincial General Hospital is for the nurses to provide safe and appropriate nursing care, through nursing practices based on sound scientific principles. The nurses have a commitment to work closely with physicians and other employees to provide innovative, quality nursing care cost-effectively, while respecting the human dignity of the patient and their families.

Appendix G

NURSING PHILOSOPHY

Coast Provincial General hospital Nurses believe that:

- Health care means more than intervening when someone is sick. It means preventing illness and promoting health.
- Caring, inherent in the nurse-patient therapeutic relationship, builds on trust, respect, intimacy and power to understand and act on concerns and issues as perceived by patients
- The therapeutic relationship established between nurses and patients receiving their services is based on a recognition that people are able to make decisions about their own lives and are, therefore, partners in the decision-making process about their nursing care.
- Nurses have the responsibility to serve as patient advocates ensuring all patients are treated as individuals, taking into consideration the patients' ethnic, cultural, social and spiritual background.
- Nurses develop, implement and evaluate comprehensive, cost-effective nursing care, based on established standards of care.
- The knowledge and art used to provide nursing practice is derived from practical experiences of nurses and from qualitative and quantitative research.
- The patient's information should be held in confidence
- Continued improvement and learning for and by all nurses is essential to continue quality-nursing care.
- Nurses have the responsibility to share in teaching nursing students as well as their colleagues.

Appendix H

NURSING DEPARTMENT STANDARDS

1. THERE IS AN ORGANIZED NURSING DEPARTMENT.

CRITERIA:

- There should be a well planned, easily understood organisational chart.
- The head of the Nursing Department should lead the department according to professional standards and code of ethics.
- The nursing department takes all reasonable steps to provide quality nursing care.
- The nursing department takes all reasonable steps to maintain the optimal professional conduct and practices of its members.

2. THE NURSING DEPARTMENT IS DIRECTED BY A QUALIFIED REGISTERED NURSE WITH APPROPRIATE EDUCATION, EXPERIENCE, AND LICENSURE AND WITH DEMONSTRATED ABILITY IN NURSING PRACTICE AND ADMINISTRATION.

CRITERIA

- The Director of Nursing should be a qualified registered nurse with appropriate education, experience, and licensure and with demonstrated ability in nursing practice and administration.
- The Director of Nursing should have had experience in Nursing Management as the leader for not less than five years.
- The Director of Nursing should be a full time employee of the organisation and have the power and authority to support nursing care services.
- The Director of Nursing should have an appointed deputy with at least three years of Nursing Management experience as Nursing officer I.
- The Director of Nursing should ensure twenty four hour nursing coverage of the hospital, by qualified registered nurse with not less than two years of experience.
- The Director of Nursing ensures that nursing standards are set, implemented and evaluated.
- The Director of Nursing is a member of Executive committee of the organisation with full power and authority over the nursing department budget.
- The Director of Nursing should Liaise with other hospital departments. She should also receive support per the Hospital organisational arrangements.
- The school of Nursing and the Hospital should set rules and regulations to guide student nurses in the clinical areas.

3. THE NURSING DEPARTMENT IS ORGANIZED TO MEET THE NURSING CARE NEEDS OF PATIENTS AND TO MAINTAIN ESTABLISHED STANDARDS OF NURSING PRACTICE.

CRITERIA

- The nursing department is organized to meet specific needs of clients/patients.
- The nursing department has policies and procedures that relate to qualifications and employment of nursing personnel for the organisation .
- Job descriptions are available and specific for each cadre of nurses.
- The Nurses performance is evaluated annually in writing, according to Job descriptions for that nurse.

4. NURSING DEPARTMENT ASSIGNS NURSES FOR THE PROVISION OF NURSING CARE ACCORDING TO THEIR JOB DESCRIPTION AND QUALIFICATIONS.

CRITERIA

- A sufficient number of qualified nursing staff, as per the National Nursing Council guidelines, are on duty at all times to give the patients the nursing care that is required.
- A registered nurse plans, initiates directs, controls, supervises and evaluates the nursing plan and care of each patient, according to that patient's needs.
- A registered nurse maintains infection prevention measures and ensures that they are adhered to strictly.

5. INDIVIDUALIZED, GOAL-DIRECTED NURSING CARE IS PROVIDED TO PATIENTS THROUGH THE USE OF THE NURSING PROBLEM SOLVING PROCESS.

CRITERIA

- The nursing problem solving process is documented for each patient from admission to discharge.
- Each patient's nursing needs are assessed by a qualified nurse at the time of admission or on first contact and thereafter until discharge.
 - These assessment data are consistent with the medical plan of care and are available to all nursing personnel involved in the care of the patient
- All qualified nurses are well informed about all nursing care forms to ensure quality nursing care recording for the patient.
- The nurses involve the patient and/or family, and medical practitioner in the patient care planning when appropriate.
- Health education about the condition, and the management of the condition is provided for the patient and family.
- Documentation of patient care is pertinent and concise and reflects patient status.
 - Nursing documentation addresses the patient's needs, problems, capabilities, and limitations.
 - Nursing intervention and patient response are noted.

6. NURSING DEPARTMENT PERSONNEL ARE PREPARED THROUGH APPROPRIATE EDUCATION AND TRAINING PROGRAMS FOR THEIR RESPONSIBILITIES IN THE PROVISION OF NURSING CARE

CRITERIA

- A Registered nurse coordinates training programs for inservice of nursing staff. The individual responsible for developing and coordinating nursing educational/training programs is knowledgeable in educational methods and current nursing practice.
- Cardiopulmonary resuscitation training is conducted at least twice a year.
- An orientation program for new nursing department personnel must be completed within one month..
- Specific professional books and current nursing periodicals are made available to nursing personnel.

7. WRITTEN POLICIES AND PROCEDURES THAT REFLECT OPTIMAL STANDARDS OF NURSING PRACTICE GUIDE THE PROVISION OF NURSING CARE.

CRITERIA

- Written standards of nursing practice and related policies and procedures define and describe the scope and conduct of patient care provided by the nursing staff.
- Additional policies and procedures are usually required for units in which special care is provided.
- Current hospital and medical staff policies and procedures that affect the nursing staff's provision of care are also available in each patient care area.

- 8. AS PART OF THE HOSPITALS QUALITY ASSURANCE PROGRAM, THE QUALITY AND APPROPRIATENESS OF THE PATIENT CARE PROVIDED BY THE NURSING DEPARTMENT ARE MONITORED AND EVALUATED.**

Appendix I

NURSING JOB DESCRIPTIONS **COAST PROVINCIAL GENERAL HOSPITAL**

JOB DESCRIPTION

POSITION: Director of Nursing

RESPONSIBLE TO: Director of Hospital

RESPONSIBLE FOR: All staff that reports to nursing

POSITION SUMMARY:

Provides leadership for all nursing staff in providing safe, effective, quality of nursing care for all patients. Manages the department of nursing services; plans, organizes, directs, coordinates and evaluates all Nursing functions and activities.

DUTIES AND RESPONSIBILITIES:

1. Participates in the development and implementation of the Hospital goals, objectives, management strategies and policies as a member of senior administration.
2. Develops Nursing objectives and standards, and establishes and implements policies and procedures for nursing activities.
3. Develops and recommends nursing operating budget and ensures that Nursing operates within allocated funding.
4. Determines the authoritative and functional responsibilities and relationships of the Nursing organization.
5. Directs the preparation and maintenance of nursing reports. Prepares pertinent periodic reports as required.
6. Determines the staffing plan and requirements for the nursing department.
7. Recommends hiring, promotion, discipline and/or termination of nursing staff.
8. Orientates, teaches, evaluates, and counsels nursing staff.
9. Provides for the development, implementation and evaluation of the delivery of nursing care based on nursing standards.
10. Supports clinical nursing development and coordinates nursing service programs with those of the interdisciplinary and medical team.
11. Creates a climate which helps nursing personnel increase their professional, technical and psycho-social skills.
12. Analyzes and evaluates nursing services to improve the quality of care and plan better use of staff time.
13. Participates in the planning, communication and implementation of interdisciplinary policies and procedures pertinent to nursing.

14. Provides direction for staff development and training programs for nursing personnel.
15. Directs maintenance of Nursing facilities, equipment, supplies and material to promote efficiency, health, comfort, and safety of patients and staff.
16. Maintains her personal professional growth to keep abreast of latest trends in nursing.
17. Participates in hospital/medical staff committee meetings as required.
18. Performs other appropriate duties as requested or assigned.

QUALIFICATIONS:

EDUCATION:

Diploma or degree from a recognized Nursing Educational Organization, preferably from a Higher Educational Institute.
Post graduate courses / short continuous education courses are an added advantage.

EXPERIENCE:

A minimum of qualification of an Officer III
At least ten years of nursing experience including charge nurse experience, nursing administrator experience, and a minimum of three years as a Director of nursing in a district hospital.

SPECIALIZED KNOWLEDGE:

- Demonstrated knowledge of management theories and practices.
- Current clinical knowledge in Nursing Practice.
- Knowledge of effective management skills including interpersonal relationships
- Has specialized knowledge advances in nursing

SKILLS AND ABILITIES:

- Physical and emotional ability to carry out the duties of the position.
- Ability to function effectively in stressful situations
- Demonstrates effective communication skills
- Ability to deal effectively with patients, families, all nursing staff, and other members of the Health Team.
- Ability to be flexible and innovative in planning, organizing, budgeting, implementing and evaluating nursing care for the patients throughout the nursing department

APPROVED BY: Chief Administrator _____

DATE: _____

COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

POSITION: Nursing Manager

RESPONSIBLE TO: Director of Nursing

RESPONSIBLE FOR: All Nursing staff who is assigned to work in that particular unit of assignment for the nursing manager

POSITION SUMMARY:

Provides leadership for nursing staff assigned to this area, in providing safe, effective, quality of nursing care for all patients. Manages the unit nursing services by planning, organizing, directing, coordinating and evaluating all nursing functions to maintain continuous safe, therapeutic nursing care. Additional administrative responsibilities, as directed by the Director of Nursing are a part of these responsibilities

DUTIES AND RESPONSIBILITIES:

1. Participates in the development and implementation of the Nursing Department goals, objectives, management strategies, and policies as a member of nursing administration.
2. Assisting in developing or improving and documenting Nursing objectives and standards, and in establishing and implementing policies and procedures for nursing activities, for the assigned units.
3. Develops and recommends nursing operating budget for the particular unit, and ensures that Nursing operates within allocated funding.
4. Implements the authoritative and functional responsibilities and relationships of the Nursing organization.
5. Prepares and maintains nursing reports. Prepares pertinent periodic reports as required.
6. Determines the staffing plan and requirements for the nursing area.
7. Recommends hiring, promotion, discipline and/or termination of nursing staff.
8. Orientates, teaches, evaluates, and counsels nursing staff.
9. Provides for the development, implementation and evaluation of the delivery of nursing care based on nursing standards.
10. Supports clinical nursing development and coordinates nursing service programs with those of the other Nursing Managers, Medical team and interdisciplinary Staff.
11. Creates a climate which helps nursing personnel increase their professional, technical and psycho-social skills, and abilities to meet the patient's spiritual needs.
12. Analyzes and evaluates nursing services to improve the quality of care and plan better use of staff time.
13. Participates in the planning, communication and implementation of interdisciplinary and nursing policies and procedures pertinent to nursing.
14. Provides direction for staff development and training programs for nursing personnel.

15. Directs maintenance of Nursing facilities, furniture, linen, equipment, supplies and material to promote efficiency, health, comfort, and safety of patients and staff in the assigned unit
16. Maintains her personal professional growth to keep abreast of latest trends in nursing and Health Care.
17. Participates in Hospital/Medical/Nursing staff committee meetings as required.
18. Responsible for Inventory maintenance and control for all aspects of the units.
19. Directs Transportation services for emergency and nursing service needs
20. Responsible for creating duty rosters for Nursing Administrators coverage of the hospital for coverage of nights and weekends.
21. Performs other appropriate duties as requested or assigned.

QUALIFICATIONS:

EDUCATION:

Diploma or degree from a recognized Nursing Educational Organization, preferably from a Higher Educational Institute.

Post graduate courses / short continuous education courses are an added advantage.

EXPERIENCE :

A minimum of five years progressive nursing experience in a hospital setting, in a minimum of 3 nursing areas, with demonstrated ability to work effectively with others. The nurse should also have at least three years of experience as a charge nurse in a district or provincial hospital.

SPECIALIZED KNOWLEDGE:

- Working knowledge of management theories and practices.
- Current clinical knowledge in Nursing Practice.
- Knowledge of effective management skills including interpersonal relationships
- Has specialized knowledge of equipment in the unit

SKILLS AND ABILITIES:

- Physical ability to carry out the duties of the position.
- Ability to handle stressful situations
- Demonstrates effective communication skills
- Ability to communicate effectively in English, both verbally and in writing.
- Ability to deal effectively with patients, co-workers, families and other members of the Health Team.
- Ability to organize work in the assigned unit.
- Ability to be flexible and innovative in providing Nursing care to all patients.
- Ability to operate related equipment.
- Ability to carry out function in a mature manner

APPROVED BY DIRECTOR OF NURSING: _____

DATE: _____

COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

POSITION: Charge Nurse

RESPONSIBLE TO: The Nurse Manager of the unit

RESPONSIBLE FOR: Nursing staff who is assigned to work on that particular unit

POSITION SUMMARY:

Provides leadership for nursing staff assigned to this ward, in providing safe, effective, quality of nursing care for all patients. Manages the unit nursing services by planning, organizing, directing, coordinating and evaluating all nursing functions to maintain continuous safe, therapeutic nursing care. Additional administrative responsibilities, as directed by the Nurse Manager, are a part of these responsibilities

DUTIES AND RESPONSIBILITIES:

1. Supports the Nursing Service philosophy and objectives.
2. Participates in developing Nursing objectives and standards, and establishes and implements policies and procedures for nursing activities, as they pertain to that particular unit.
3. Promotes the standards for nursing as defined by Coast Provincial General Hospital and the nursing service.
4. Develops goals and objectives for the provision of effective therapeutic nursing care on the assigned nursing unit.
5. Collaborates with nursing staff in planning and executing nursing programs and approaches to nursing process. Examines systems by which care is delivered and recommends appropriate changes.
6. Supervises the nurses planning, providing and evaluating direct nursing care for the patients on the assigned nursing Ward.
7. Provides direct patient care, assisting with physicians examination, procedures and other process related to direct patient care.
8. Ensures accuracy of charting of patient's medical records and that these records are treated confidentially. Ensures availability of relevant stationary required for this activity in the ward.
9. Receives and reviews preceding shift patient reports, makes complete rounds of all units, monitoring each patient's condition, reporting changes to appropriate personnel.
10. Consults with nurses on specific nursing problems and interpretation of nursing policies and procedures, and directs appropriate implementation.
11. Uses systematic methods to resolve patient care and nursing problems; initiates planned change, evaluates outcomes and implements corrective action through conscious, deliberate and collaborative effort
12. Serves as an expert resource to assists the nurses in developing skills using nursing process concepts of assessment, planning, implementing and evaluating.

13. Advises and assists nurses in administering new or unusual treatments.
14. Gives advice for treatments, medications and narcotics in accordance with medical staff policies.
15. Arranges for emergency or extraordinary activities and reallocates resources, including personnel, as required.
16. Assists attending physicians and aids patients and families as needed in times of stress or crisis.
17. Participates in the evaluation of the quality of nursing service delivered on that nursing unit.
18. Analyzes utilization of staff and distribution of workloads, and assists in implementing the most cost-effective utilization of unit nursing staff, materials and time.
19. Prepares work and leave schedules, assigns nursing personnel, evaluates work performance and recommends personnel actions.
20. Develops a written orientation program for the ward and orientates new staff, evaluates and counsels nursing staff, providing for educational needs as required.
21. Ensures an adequate stock of supplies and proper functioning of equipment, recommends capital equipment purchases or improvements.
22. Directs maintenance of ward facilities, equipment, supplies and materials in a condition to promote efficiency, health, comfort, and safety of patients and staff.
23. Maintains required ward records, reports and statistics for administrative purposes.
24. Establishes and maintains a ward based quality assurance monitoring program and reporting system.
25. Implements infection control and other safety programs to provide for a safe, clean and comfortable environment for patient's families and staff.
26. Prepares reports concerning such items as critically ill patients, new admissions, discharges, deaths and emergencies.
27. Engages in studies and investigations related to improving nursing care.
28. Attends meetings as required and participates on committees as directed.
29. Assumes responsibility for own professional growth and development, increased knowledge, and skills improvement.
30. Initiates and maintains an inventory system for equipment and supplies.
31. Performs other applicable tasks, duties assigned within the realm of the Charge Nurse's knowledge, skills and abilities.

QUALIFICATIONS:

EDUCATION:

Diploma or degree from a recognized Nursing Educational Organization, preferably from a Higher Educational Institute.

Post graduate courses / short continuous education courses are an added advantage.

EXPERIENCE:

A minimum of three years progressive nursing experience in a hospital setting, in a minimum of 2 nursing areas, including experience as a charge nurse, or deputy.

SPECIALIZED KNOWLEDGE:

- Working knowledge of management theories and practices.
- Current clinical knowledge in Nursing Practice.
- Knowledge of effective management skills including interpersonal relationships
- Has specialized knowledge of equipment in the unit
- Certification in cardiopulmonary resuscitation would be an asset

SKILLS AND ABILITIES:

- Physical ability to carry out the duties of the position.
- Ability to handle stressful situations
- Demonstrates effective communication skills
- Ability to communicate effectively in English, both verbally and in writing.
- Ability to deal effectively with patients, co-workers, families and other members of the Health Team.
- Ability to organize work in the assigned unit.
- Ability to be flexible and innovative in providing Nursing care to all patients.
- Ability to operate related equipment.
- Ability to carry out function in a mature manner

APPROVED BY DIRECTOR OF NURSING: _____

DATE: _____

COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

SERVICE AREA: Nursing

POSITION: Staff Nurse

RESPONSIBLE TO : Charge nurse

RESPONSIBLE FOR: Other staff members assigned to assist nursing staff

POSITION SUMMARY:

Provides and coordinates nursing care for assigned patients, according to established Nursing Standards and the philosophy of Coast Provincial General Hospital.

DUTIES AND RESPONSIBILITIES:

1. Maintains established nursing standards, objectives, policies and procedures and Quality Assurance Program.
2. Cooperates with other personnel, maintaining good employee relations, to achieve quality of patient care and ensure implementation of infection control policies.
3. Receives and reviews preceding shift patient reports, makes complete rounds monitoring each patient's condition, reporting changes to appropriate personnel.
4. Consults with the Charge Nurse on specific nursing problems, new or unusual treatments or medications, and interpretation of nursing policies and procedures.
5. Assesses and documents the patient's needs for physical, psychosocial, and spiritual nursing care.
6. Using the Nursing Process, plans, records and updates individualized nursing care plan for each assigned patient.
7. Provides direct nursing care for each patient according to the nursing plan of care, routines of the ward, established procedures and particular nursing service offered.
8. Assists physicians with examination, procedures and other processes related to direct patient care.
9. Provides emergency or extraordinary nursing procedures as required.
10. Assists attending physicians, and aids patients and families as needed in times of stress or crisis.
11. Demonstrates sensitivity to patient's comfort, safety and privacy.
12. Ensures accuracy of charting in patient's medical records and that these records are treated confidentially.
13. Participates in the evaluation of the quality of nursing service provided for patients on that nursing ward.
14. Assists with orientation of new staff, and participates in educational programs as requested.
15. Ensures proper functioning of equipment used in providing nursing care for patients.

16. Maintains required ward records, reports and statistics for administrative purposes.
17. Implements infection control and other safety programs to provide for a safe, clean and comfortable environment for patients, families and staff.
18. Attends meetings as required and participates on committees as requested.
19. Assumes responsibility for her own professional growth and development.
20. Arrives on time and remains in her assigned area.
21. Communicates and consults with other members of the health care team about the best use of resources.
22. Delegates responsibilities to and guides and supervises members of a nursing ward, program or department as appropriate.
23. Assists with maintaining the ward inventory as appropriate.
24. Assists with nursing care, within the limits of her abilities, in any areas of the hospital as assigned.
25. Performs other related duties as assigned or requested within the realm of her/his knowledge, skills and abilities.

QUALIFICATIONS:

EDUCATION:

Graduate of a recognized School of Nursing.
Added specialty Nursing Education and Courses would be an asset.

SKILLS AND ABILITIES:

1. Physical ability to carry out the duties of the position.
2. Ability to communicate effectively in English, both verbally and in writing.
3. Ability to deal effectively with patients, co-workers, families and other members of the Health Team.
4. Ability to organize work in the assigned area.
5. Ability to be flexible and innovative in providing Nursing care to a multicultural patients.
6. Ability to operate related equipment.

SPECIALIZED KNOWLEDGE:

- Certification in cardiopulmonary resuscitation would be an asset
- Infection control

APPROVED BY DIRECTOR OF NURSING: _____

DATE: _____

COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

SERVICE AREA: Nursing

POSITION: Enrolled Community Nurse

RESPONSIBLE TO : Charge nurse and staff nurses of the ward

RESPONSIBLE FOR: Other staff members assigned to assist nursing staff

POSITION SUMMARY:

Provides and coordinates nursing care for assigned patients, according to established Nursing Standards and the philosophy of Coast Provincial General Hospital.

DUTIES AND RESPONSIBILITIES:

1. Maintains established nursing standards, objectives, policies and procedures and Quality Assurance Program.
3. Cooperates with other personnel, maintaining good employee relations, to achieve quality of patient care and ensure implementation of infection control policies.
3. Receives and reviews preceding shift patient reports, makes complete rounds monitoring each patient's condition, reporting changes to appropriate personnel.
4. Consults with the Charge Nurse on specific nursing problems, new or unusual treatments or medications, and interpretation of nursing policies and procedures.
7. Assesses and documents the patient's needs for physical, psychosocial, and spiritual nursing care.
8. Using the Nursing Process, plans, records and updates individualized nursing care plan for each assigned patient.
7. Provides direct nursing care for each patient according to the nursing plan of care, routines of the ward, established procedures and particular nursing service offered.
8. Assists physicians with examination, procedures and other processes related to direct patient care.
12. Provides emergency or extraordinary nursing procedures as required.
13. Assists attending physicians, and aids patients and families as needed in times of stress or crisis.
14. Demonstrates sensitivity to patient's comfort, safety and privacy.
26. Ensures accuracy of charting in patient's medical records and that these records are treated confidentially.
27. Participates in the evaluation of the quality of nursing service provided for patients on that nursing ward.
28. Assists with orientation of new staff, and participates in educational programs as requested.

29. Ensures proper functioning of equipment used in providing nursing care for patients.
30. Maintains required ward records, reports and statistics for administrative purposes.
31. Implements infection control and other safety programs to provide for a safe, clean and comfortable environment for patients, families and staff.
32. Attends meetings as required and participates on committees as requested.
33. Assumes responsibility for her own professional growth and development.
34. Arrives on time and remains in her assigned area.
35. Communicates and consults with other members of the health care team about the best use of resources .
36. Guides and supervises students and subordinates of a nursing ward, as appropriate.
37. Assists with maintaining the ward inventory as appropriate.
38. Assists with nursing care, within the limits of her abilities, in any areas of the hospital as assigned.
39. Performs other related duties as assigned or requested within the realm of her/his knowledge, skills and abilities.

QUALIFICATIONS:

EDUCATION:

Graduate of a recognized School of Nursing.
Added specialty Nursing Education and Courses would be an asset.

SKILLS AND ABILITIES:

1. Physical ability to carry out the duties of the position.
2. Ability to communicate effectively in English, both verbally and in writing.
3. Ability to deal effectively with patients, co-workers, families and other members of the Health Team.
4. Ability to organize work in the assigned area.
5. Ability to be flexible and innovative in providing Nursing care to a multicultural patients.
6. Ability to operate related equipment.

SPECIALIZED KNOWLEDGE:

- Certification in cardiopulmonary resuscitation would be an asset
- Infection control

APPROVED BY DIRECTOR OF NURSING: _____

DATE:

THE COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

SERVICE AREA: Nursing

POSITION: Central Sterilizing Technician

RESPONSIBLE TO : Charge Nurse of Theatres

RESPONSIBLE FOR: Other staff members assigned to assist in the central sterilizing

POSITION SUMMARY: To implement and maintain correct sterilizing and storage procedures for all sterile supplies, instrument and equipment used in the hospital.

DUTIES AND RESPONSIBILITIES:

1. Maintains established COAST PROVINCIAL GENERAL HOSPITAL standards, objectives, policies and procedures, quality assurance and infection control standards.
2. Cooperates with other personnel to achieve departmental and interdepartmental objectives, and infection control policies while maintaining good employee relations.
3. Collects all used instruments and equipment from the wards and departments.
4. Carries out correct procedures during cleaning and decontamination of instruments and equipment.
5. Cleans and repackages the decontaminated materials for sterilization.
6. Carries out the correct procedure for the autoclaving process.
7. Ensures that the equipment and instruments are cared for during cleaning and sterilization, and maintained in a fully operational condition.
8. Stocks and prepares the supply exchange carts for delivery to the appropriate hospital areas.
9. Orders necessary supplies from the materials management department.
10. Maintains records of inventory of supplies and equipment related to the Central Supply Area.
11. Ensures proper storage and maintenance of sterile supplies.
12. Implements infection control and other safety programs to provide for a safe, clean and comfortable environment for patient's and staff.
13. Maintains a Central Sterilizing quality assurance program and participates in the quality assurance program of the hospital.
14. Maintains required Central Sterilizing records, reports and statistics for administrative purposes.
15. Ensures that sterilizing machinery and equipment is maintained and working properly at all times.
16. Attends meetings as required and participates on committees as directed.
17. Assumes responsibility for own professional growth and development, increased knowledge and skills improvement.

18. Performs other related duties as assigned or requested within the realm of her/his knowledge, skills and abilities.

QUALIFICATIONS:

EDUCATION:

High School level of education.

Certificate or Diploma of training in Sterilizing techniques and procedures in hospitals.

EXPERIENCE:

Previous experience working in or managing a sterilizing unit in a health facility

SKILLS AND ABILITIES:

1. Physical ability to carry out the duties of the position.
2. Ability to communicate effectively in English, both verbally and in writing.
3. Ability to deal effectively with multicultural patients, co-workers and other members of the Health Team.
4. Ability to organize work in the assigned area.
5. Ability to be flexible and innovative in providing Sterilizing And supply services to others.
6. Ability to operate related equipment.

SPECIALIZED KNOWLEDGE:

Has in depth knowledge about Central Sterilizing Equipment, test equipment, Autoclaves, Infection Control and Quality Assurance.

Has a working knowledge about patient care techniques.

Certification in cardiopulmonary resuscitation would be an asset

APPROVED BY DIRECTOR OF NURSING: _____

DATE: _____

THE COAST PROVINCIAL GENERAL HOSPITAL

JOB DESCRIPTION

SERVICE AREA: Hospital Administration

POSITION: Porter

RESPONSIBLE TO: Deputy Administrator : Support Services

POSITION SUMMARY: Assists in the care of patients by escorting or transporting patients **between** various treatment and patient care areas, assisting with lifting and moving heavy patients, and providing a messenger/mail/delivery service within the hospital.

DUTIES AND RESPONSIBILITIES:

1. Escorts patients from admitting, out patients or emergency to the inpatient area of the hospital during admission procedures.
2. Assists with moving and transporting patients to the Operating theatres.
3. Escorts or transports patients to laboratory or radiology test areas.
4. Assists the other hospital staff to lift or move patients when required.
5. Delivers specimens to the laboratory.
6. Delivers any mail between departments or areas of the hospital.
7. Delivers supplies to the appropriate areas.
8. Assists visitors to the hospital in finding their areas of concern.
9. Assists in fire or disaster situations.
10. Performs any other functions as assigned.

QUALIFICATIONS:

EDUCATION: Grade School

SKILLS AND ABILITIES:

1. Physical ability to carry out the duties of the position.
2. Ability to communicate effectively in English, both verbally and in writing.
3. Ability to work effectively with patients, co-workers, families and other members of the Health Team.
4. Ability to organize work in the assigned area.
5. Ability to be flexible and innovative in assisting multicultural patients.
6. Ability to operate related equipment.

SPECIALIZED KNOWLEDGE:

Certification in cardiopulmonary resuscitation would be an asset

APPROVED BY DEPUTY ADMINISTRATOR: SUPPORT SERVICES

: _____

DATE: _____

Appendix J

GUIDE FOR INTERVIEW FOR NURSING AREAS

FACTUAL INFORMATION

Patient Information

1. How many patients do you usually have on your unit?
2. What is the three most common diagnosis of patients on your unit?
3. How are the patients identified ?
4. How is it decided that the patients are ready to go home?
5. Who decides about Patient Placement?
6. What information is recorded about the patient and where?
7. How are the patients referred from one hospital to another?
8. How are the patients admitted to hospital?
9. What are the patients transfer procedures?
10. How are the patients referral to consultants
11. How long do patients wait to see a Dr.?

Nursing Care Methods

12. Are you aware of standards of nursing care and are they available?
13. What procedures and protocols are in use and how do you know what they are?
14. How is information about nursing care communicated between nursing staff?
15. What method of providing nursing care do you use?
16. How do you get assigned the patients that you are to look after each day?
17. What are medication practices ?
18. What are narcotics/control ?
19. What are drug storage facilities?

Workload/Staffing

20. Do you have a written job description?
21. What are your main duties in you work?
22. How did you know what you were to do, when you first started working in the hospital?
23. How were you assigned to the unit?
24. How many others usually work with you?
25. What are their professional training?
26. How do you know what Nursing care work to do?
27. How do you know if you are doing a good job or not?
28. Describe your last evaluation.
29. Describe the function of matron/charge nurse, head nurse.
30. Who is your immediate boss that you report to?
31. Who do you supervise?
32. Do you know who the Matron in charge of nursing is and where to find her office?
33. If you had a problem with patient care, where would you get help?
34. How do you know when you work?
35. Can you change your schedules and if so, how?
36. Who prepares your schedules?
37. When are your schedules prepared and when are they posted and where?

Safety

38. What general safety rules and regulations are on your unit?
39. What emergency equipment is available on your nursing unit?
40. Do you know how to do CPR? When did you last have a practice?
41. What are smoking regulations?
42. What are electrical/fire safety?

- 43. What incident do you report and how?
- 44. What infection control mechanisms do you utilize?

Equipment/Supplies

- 45. What equipment do you use most frequently, and is it always available?
- 46. What equipment do you count between shifts?
- 47. What supplies-reusable/disposable do you use most frequently, and are they always available

Other Professional/Support

- 48. What medical support are available for you unit?
- 49. How much of the time are they available?
- 50. What support services are available for your unit?
- 51. What type of service is provided by the laboratory
- 52. What type of service is provided by the radiology?

Environment

- 53. What are environmental controls ?
- 54. What are your housekeeping responsibilities?
- 55. What needs to be cleaned in your unit

OPINION INFORMATION

- 56. What is most important part of your job?
- 57. What is least important part of your job?
- 58. What is the best thing about your job?
- 59. What is the worst thing about your Job?

- 60. How do you hear about things going on or changing in the nursing department?
- 61. What continuing learning would you like to be able to do better nursing care?

- 62. What improvements would you suggest?
- 63. What improvements do you think are possible and why?
- 64. What actions should be taken to achieve improvements?

- 65. What so you think needs to be done about staffing and why?
- 66. What suggestions do you have about drugs and supplies?
- 67. How could we improve the length of stay for patients?
- 68. What do you think would make the patients happier with the nursing care?
- 69. What do you think would make the Staff happier with working here?
- 70. Any other comments

OBSERVATION CHECK LIST

AREA/UNIT: Ward

DATE:

ITEM	PRESENT	NOT PRESENT	COMMENT
ORDERLINESS			
Quiet/Noise Level			
Signs/Direction			
CLEANLINESS			
Floors			
Walls			
Windows			
Cupboards			
Patients furniture			
Curtains			
Doors			
Around light switches			
Toilets			
Showers			
Kitchens			
Waiting areas			
Treatment rooms			
Offices			
Balconies			
Other			
FACILITIES			
Nursing area			
Sinks for hand washing			
Place for patient records			
Medication cupboard			
Sinks for patients			
Divisions between patients			
Chairs for patients			
Chairs for nurses			
Cupboards for patients			
EQUIPMENT			
Telephones			
I V poles			
Wheelchairs			
Stretchers			
B/P apparatus			
Thermometers			
Weigh scales			
Screens			
Waste Baskets			
Containers for dirty linen			
Garbage containers			
Area/trays for CSK			

supplies			
Basins			
Kidney basins			
SUPPLIES			
Gloves			
Masks			
Safety glasses			
waterproof aprons			
Gauze			
Tape			
Perennial pads			
Sterile dressings			
Scissors			
Sterile forceps			
Trays for dressings			
Binder/ holders for charts			
Laundry Sheets			
pillows			
Pillow covers			
Towels			
SAFETY			
Emergency Drugs Available			
Emergency airway equipment			
Electrical Hazards Eliminated			
Fire Extinguishers			
Disaster Plan			
WRITTEN REFERENCES			
Staffing Schedules And Hours			
Performance Evaluations up-to-date			
Clinical Procedures Books			
Nursing Care Plans available			
protocols			
Patient care routines			
Unit care routines			
Telephone numbers			
PATIENT CARE			
Ratio Nurse Staff / Patients			

Patient beds			
Patient census -average			
Admission Procedure followed			
Standard Precautions in practice			
Equipment / machinery being used maintained			
Patient Ensured Privacy			
Vital signs being recorded as ordered			
Patient's Oxygenation being cared for			
Patient's Circulation being cared for			
Patient's Elimination being cared for			
Patient's Fluid/ Electrolyte Balance Assessed and supply provided			
Patient's Medications Administering As Ordered			
Appropriate Procedures Provided			
Patient's Documentation completed			
PATIENT OUTCOMES			
Vital signs recorded			
Pain Free			
Emotional Support Provision (relaxed)			
Clean and Comfortable			
Nutritional needs met			
Safety needs met			
Circulation needs met			
Respiration adequate			
Body temperature comfortable			
Elimination adequate			
Patient Teaching done			
Patient's Medications Administered As Ordered			
Patient's Treatments Administered As Ordered			
Tests ordered performed			
Other			

SURVEY INSTRUMENT

EVALUATION OF THE OPERATING ROOM

Items that should be reviewed include the following:

- **procedures to be accomplished before a patient's operation**
 - Obtaining appropriate consent forms at time of admission
 - Requiring ECG or laboratory tests on all patients or only patients over a certain age
 - Informing a chaplain that a patient is scheduled for surgery
 - Informing appropriate ward that performs any shaving of patients scheduled for surgery
 - Informing ward of scheduled patients and corresponding time schedule for transporting patient
- **Criteria used to estimate preoperative lengths of stay and their effect on scheduling admissions**
Is it possible this length of stay could be reduced by one day?
- **Different preoperative lengths of stay for the same operative procedure by a different physician or by day of admission OR use for each day**
- **Extent of emergency cases on Saturday**
- **Role of emergencies in postponing a case** (i.e., deferring a case until later the same day) or canceling a case (i.e., deferring a case until another day with the patient either returning to a nursing station or being discharged)
- **Method used to estimate length of time to perform a particular surgical procedure.**
- **“Rules” used to schedule cases during the day** (e.g., all pediatric cases first, anticipated longest case first, anticipated shortest case first, first come-first served, random, certain surgeons preceding others)
- **Coordination of operating room with admitting admission in booking elective case**
- **Normal scheduled hours for the operating room**
 - How is coverage for emergency cases after hours handled?
 - Are staggered hours used for nursing personnel?
 - Are nursing personnel on call?
- **Data available for variables**
 - Daily starting times by operating room and day of week
 - Daily ending times by operating room and day of week
 - Length of time to perform surgery by procedure (this can be difficult to determine, particularly if many patients have more than one surgical procedure performed at one time) –
 - Elapsed time between cases Type of case (scheduled or emergency)
 - Operating physician
 - Whether an assistant physician was on the case
 - OR number
 - Preoperative lengths of stay by operative procedure
- **Extent to which cross-training of nurses is performed**
- **Inventory stock times**
 - How are stock levels determined?
 - Who is responsible for maintaining appropriate inventory levels?
 - Who determines the various types of items to be on hand (e.g., different types of sutures)?

- Who is responsible for preparing surgical trays and packs and determining what items are included?
- **How far in advance the operating room schedules cases**
 - What form does the log book or scheduling book take?
 - What information is collected in the log book?
- **Unnecessary reports that are still being prepared in the operating room**
 - Are statistics being collected that are no longer necessary or may be prepared elsewhere
 - Is information not being collected that could be useful?
- **Extent the operating room is used beyond the scheduled ending time**
 - How great is the nursing overtime in the operating rooms?
- **Room switching-from the originally scheduled operating room?**
 - How much change is there from the operative procedure that was originally indicated on the OR schedule to the operative procedure that was actually performed?
- **Degree of multiple surgical procedures**
 - What is the extent of multiple visits to the operating room by the same patient?
- **Extent of preadmission testing for scheduled surgical patients**
 - Could some tests and procedures be performed prior to the patient's admission to shorten preoperative length of stay?
 - How are these tests charged?
 - How are these tests charged if the patient is never admitted
 - Could some tests and procedures be performed prior to the patient's admission to shorten preoperative length of stay?
 - How are these tests charged?
 - How are these tests charged if the patient is never admitted?
- **Extent to which each day and each room schedule begins on time**
 - To what extent does each room schedule end early, i.e., prior to the scheduled ending time?]
 - To what extent do changes in the sequencing of cases take place?
 - To what extent do actual operating time and planned operating time differ?Is there a pattern (e.g. , do certain procedures or surgeons require more time than planned)?
 - How variable is the time between cases?
 - Is the time between cases more a function of a case that has preceded (i.e. , the amount of time it takes to clean up a room) or is it more related to the case that is to follow (i.e., setup time)?
- **Extent to which additional cases can be scheduled without having nursing or anesthesiology staff work overtime**
 - To what extent and in what form is there coverage after the scheduled ending time?
 - In other words, is there an emergency staff on duty or on call?
 - What about on the weekends?
 - How is the schedule set up
- **Specific or "to follow" time assignments**
 - Is a physician or surgeon assigned a specific time or are all the cases except the first scheduled "to follow" the preceding case?
- **"If possible" surgery**
 - Are "if possible" surgery cases ever booked?

- **Location for performance of cystoscopies and similar procedure**
 - Are they performed in the main operating room or in a special treatment room
- **Location of waiting room for patients awaiting surgery**
 - Is it a pleasant area?
 - Is it crowded?
 - Is there a lot of noise that increases the patient's anxiety
- **Existence of an OR committee**
 - If there is one, how often are committee meetings held?
 - Do the meetings resolve any problems?
 - Are minutes kept?
- **Patient Care**
 - Quality and safety
 - sterile technique
 - Volume of cases
 - -by discipline
 - -by room
 - -by time
 - Post anesthesia recovery and surgical intensive care unit
 - Emergencies
- **Utilization of Resources**
 - Budget
 - Space
 - drugs and supplies
 - types of anesthesia utilized
 - equipment
 - Time priority assignments by department or surgeon
 - Night and weekend time use
 - OR utilization
- **Staff**
 - Number and types of each category, including surgeons
 - Recruitment and retention
 - Working conditions
 - Education, training, and orientation
 - continuing education activity
- **Management**
 - existing departmental organization
 - supervision/management and communications
 - Job descriptions with definition of responsibility and authority
 - OR committee organization and function
 - Monitoring goals, objectives, policies, and procedures
 - Operational control
- **Systems Efficiency and Effectiveness**
 - OR booking system and hospital admissions
 - scheduling of patients
 - Record keeping and information handling
 - Instrument and materials management
 - - equipment assessment
 - Transportation and communication

- Data processing